0.00	1.	FOR STATE REGISTRAR			DEP	ARTMENT OF	E OF MARYLA LEALTH AND N ICATE OF D	MENTAL HYGI		3	3 0	6 8
23044		CEASED NAME	FIRST	1	Mae	An	IRews				2 MPL	26 HOUR 55
moy be	3. SE			4. RACE	Titue	5. DATE		,	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNGER 24 HRS
director.		Female		Whit	е	MONT 02	10	13	7	3 YRS.	MONTHS DAYS	HOURS MIN.
in 72 hou	7a. B	RTHPLACE ISTATE OR COUNTRY)	FOREIGN	76 CITIZEN OF		MARRIE	D NEVER M	AARRIED	9 BALTIMORE CITY C		OF DEATH	MD.
by the fu		EASTO!	ATH	11. NAME OF I		STREET ADDRESS)	OR OTHER INST	ITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Waitress			BUSINESS OR urant
filled in nould be r must be	13a. S	laryland	113b. COUN		13t. CITY OR East			NO 🕅	RD 3 Box	ZIP CODE	21601	
and 2 st		James		MIDDLE		oore		MAIDEN NAM	MIDDLE		Vos	s
Pages medical	(VAS DECEASED EVER YES, NO OR UNKNOWN]		MED FORCES? E WAR OR DATES)		2-7852	Elmer		ews RD 3 Bo		Easton	MD 2160
been signed by the or rmit. Then please rema- prior to burial, cremation any injury, or ather tra	CERTIFICATION	Conditions, if any gave rise to immocause (b), statist underlying cause PART 2 OTHER SIGI	mediate ng the last.	(c) CONDITIONS <u>CC</u>	76 ONTRIBUTING	busie			NAL DISEASE OR CON	20b. IF YES	EN IN PART 1(a), WERE FINDING	
giene giene	TE			177					YES NO	YES	S 🔲	NO [
burial-trans Mental Hyg or Item 18 s	MEDICAL CE	210. ACCIDENT WAS UN OR CONTRIBUTING [] LIFEITHER NOTIFY MEDI	CAUSE OF DEA) P.	M. MONTH M.	DAY YEAR			ED (ENTER NATURE OF INJU	RY IN ITEM IB P.	ART OR PART 2}	
fer this as the but h and M irked or	MED	21d INJURY OCCUR WHILE NOT WE AT WORK	HILE	21e. PLACE		FFICE, FARM, ETC.)	211 LOCATIO STREET	N	CITY OR TO	WN	COUNTY	STATE
TO FUNERAL DIRECTOR. Af should be detached for use of with the State Dept. of Health MPORTANT: If them 21 is many many many many.		22a I certify that (I) saw the decease above, (I) (we) (Cartino Physician Street) 22d. PHYSICIAN Street Corocks	ed olive on, did) (did not	t) view the bady			DEGREE APP 222e ADDRESS	TTENDING PHYSICIAN	.11	ate and have		IGNED
shoul with	23a E	BURIAL, CREMATION, SPECIFY) Urial		231. DATE 11/5/8	6	230 NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION CITYOR TOWN Easton		Talbot	STATE MD
NH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR	eral H	lome	ADD			25a DATE	REC'D. BY REGISTRAR		RAR'S SIGNATU	

026147 050	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLA EALTH AND A CATE OF D	MENTAL HYGI		6 EG. NO.	3 3 0	6 4
oy be	1. D.5 TYPE	OR PRINTS	oh y		enry	B. DATE O	aile F BIRTH	4	20. DATE OF DE	vembe	R30, 1986	HOUR 30 4.AM UNDER 24 HRS
ge 4 m ector. p	М	ale		White		01	^D 19	92	94	YR	MONTHS DAYS HO	DURS MIN,
The Po		RTHPLACE (STATE OR FOI	EIGN 76.		WHAT COUNTRY?	8. MARRIED	NEVER A	MARRIED X	9. BALTIMORE C	ITY OR COUN	NTY OF DEATH	
other dec		aryland ITY OR TOWN OF DEATH	1 11		HOSPITAL, NURSIN H FACILITY, GIVE STREET				12a USUAL OCC (TYPE OF WORK FOR Contract	MOST OF WORKIN	G LIFE) 12b KIND OF BUILDUSTRY Marine	
AND 2120	13a :	AL RESIDENCE (IF NURSING STATE	Talbo			ADMISSION)	13d. INSIDE C		13e STREET ADD			conscr.
BALTIMORE, MARYLAND 2120		John	Не	nry	Baile		С	MAIDEN NAM FIRST lara	NE MI	ADDRESS	Tuffo	rd
Poges	- (VAS DECEASED EVER IN YES, NO OR UNKNOWN)	(IF YES, GIVE W		218-20-8		J Lee				Easton MD	
ST., BALT		18 CAUSE OF DEATH PART I. DEATH WA	Enter only	BY:	line for (a), (b), on	d (c),)	neu	men	in		APPROXIMATI BETWEEN ONSE	T AND DEATH
(105, 201 W. PRESTO) requires that the death signed by the attent from please remove as to burial, cremation, njury, or other trauman	NO	Conditions, if ony, gove rise to imme cause (a), stating underlying couse PART 2. OTHER SIGNII	diote the lost.	(b)	R AS A CONSEQUE	ENCE OF	NOT RELATED	TO THE TERMI	NAL DISEASE OF	CONDITION	GIVEN IN PART 110	
he low re on 1 permit. It permit. It permit.	CERTIFICATION	190 DATE OF OPERATION	N	196 COND	ITION FOR WHICH	OPERATION	WAS PERFO	RMED	200 AUTOPSY	IN CER	YES, WERE FINDINGS RTIFYING CAUSES OF YES \(USED DEATH?
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r ottending physicion. Wher this certhicote hos been sig os the buriol-tronsit permit. Ther this and Mental Hygiene prior to be orked or ment it there are injury		21g. ACCIDENT WAS UNDER OR CONTRIBUTING CA- (IF EITHER NOTIFY MEDICA	SE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH D	AY YEAR			ED (ENTER NATURE	OF INJURY IN ITEM	18 PART I OR PART 2)	
DIVISION ING PHY T offer this os the bu Ith and M Incorked o	MEDICAL	21d INJURY OCCURRE WHILE NOT WHILE AT WORK		21e. PLACE	OF INJURY BEET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET		Cit	Y OR TOWN	COUNTY	STATE
ATTENDI respital or rector. A ed for use of or use of the ol		22a.1 certify that (I) (t sow the decensed above (II) was did 17b. SIGNATORE	olucon	11 -	2 19	1	d that in my	, 19 (our) opinion d	e oth occurred on	the date and	hour and from the cou	
HOSPITAL OR ned by the hold by the FUNERAL DIR uid be detach the Stote Degrant: If the Stote Degrant: If the Stote Degrant is the Stote		TIA PHYSICIAN S NAM	fa	in	M		MANA		DIRECTOR F	STAFF PHYSICIAN [12/1	186
TO HOSPITAL O TO FUNERAL D should be detect with the Stote D	22- (Thomas W.	Faun	Trock .		1.D.		Marvel	Court Ea		aryland 21	501
BP	E	urial		12/2/8				Cemeter	CITY OF TO		Talbot	MO
DHMH - 16 60M 7/84 (VRA 15, 4)		ewnam Funer	al Ho	me Ea	ston Mary	/land			0.0		SISTRAR'S SIGNATURE	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE REGISTRAR			CERTIFI	CATE OF DEATH	RE	G. NO		
I. DECEASED NAME	FIRST	WIDDLE	LA	ST	20 DATE OF DEA	TH MONTH DAT	Y YEAR	26 HOUR
TITPE OR PRINT)	Emily		Ва	nks	11/18/8	6		4 - 15 AM
3.5EX	4.5	RACE	5 DATE OF	BIRTH	6. AGE IN YEARS LA	ST BIRTHDAY) IF	UNDER I YEAR	
Femala(0	BIK	12	\$ 95		YRS	NINS DATS	MIN.
To BIRTHPLACE (STATE	OR FOREIGN 76.	CITIZEN OF WHAT COU	MARRIED	NEVER MARRIED	9 BALTIMORE CI	TY OR COUNTY O	FDEATH	11.5
MA		115A	WIDOWED			albot		MD.
10 CITY OR TOWN OF	DEATH 11.			ROTHER INSTITUTION	N 120 USUAL OCCL		12b. KIND C	OF BUSINESS OR
Easton	М	eridian - Th	ne Pines		Dome	-	INDUSTRY	
UAL RESIDENCE (IF	NURSING HOME OF OTH	IER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)					-21/0
m	136 COUNTY	13t. CITY OF	RIOWN	13d. INSIDE CITY LIMI			AUD	×16/
14 FATHER'S NAME	11010		4/5	15 MOTHER'S MAIDE	NNAME		7776	
Charles	MIDE	DLE LA	ST	C FIRST	MIDI)LE	LAS	ST CONTRACTOR
16a WAS DECEASED E	VER IN U.S. ARMEI	D FORCES? 166 SOCIAL	L SECURITY NO.	17 INFORMANT	A	DDRESS	2 W/1 -	3
I YES, NO OR UNKNOWN	(IF YES GIVE W	AR OR DATES)	7592	33 01	1	Ran	- be	
1	FATHER .	7 1.39	15/5	VAMIES	- A.	- Day		IMATE INTERVAL ONSET AND DEATH
	H WAS CAUSED B		aski	W Annos	-		BETWEEN	ONSET AND DEATH
C S C	IMMEDIATEC	AUSE (a)	Contraction of the second	-		-		
		DUE TO OR AS A CON	SEOUPLE OF V	D			-	
Conditions, if gave rise to	immediate	(6)	142-	, ,			100	
cause (a), st underlying co		DUE TO OR AS A CON	SEQUENCE OF	tive here	A failing		10	
		0)	0,0,	/	Jane &			
	SIGNIFICANT CON	ADITIONS CONTRIBUTIN	G TO DEATH BUT P	NOT RELATED TO THE	TERMINAL DISEASE OR	CONDITION GIVEN	4 IN PART 10	0
190 DATE OF OPE	ERATION	196 CONDITION FOR V	VHICH OPERATION	I WAS BEDEODATED	20a AUTOPSY?	20h IEVES	WERE FINDIN	NGSTISED
P 196 DATE OF OF	ERATION	176 CONDITION FOR V	VIICH OFERATION	WAS PERFORMED		IN CERTIFYI		OF DEATH?
E		21b. TIME OF INJURY		21- HOW IN HIRV	YES NO			NO 🗌
OR CONTRACTOR	CAUSE OF DEATH	HOUR A.M. MONT	H DAY YEAR	ZIE, HOW INJURY O	CCURRED (ENTER NATURE O	FINJURY IN ITEM 18 PAR	I I OR PART 2)	
(IF EITHER NOTIFY	MEDICAL EXAMINER)	P.M.	19					
21d INJURY OCC		21e PLACE OF INJURY	OFFICE, FARM ETC)	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
	T WORK			12.	63	11/14	47	
		attended the deceased		19_	80 , to	1/10.19		that (I) (we) last
saw the dec abave, (I) (w	reased alive an re) (did) (did nat) v	iew the body after death.	_19, and	d that in (my) (aur) ap	oinian death accurred an t	he date and hour a		
27k SIGNATURE	110	(.)	D	EGREE			220 DATE	· 18.86
	MI	CYOWKY	· M	PHYSICI		STAFF HYSICIAN [11	.18.00
22d. PHYSICIAN	S NAME ITYPE OF PR	/		22e ADDRESS	1	1,0		
1 3 3 4 1	MD	CYOWIE	4		7/59on,1	(I)		
23a. BURIAL, PREMATIC	ON PEMOVAL	23b. DATE		METERY OR CREMAT	ORY 234 LOCATION			
-	-	11/22/86	Paren	ise Con	T. LANGE	WN -	The	STATE
14 FUNERAL PRECTO	H /		6			LRAR 256 REGISTRA	AR'S SIGNAT	TURE
N.	bel	12 ADI	DRESS 4	me	DEC S JARI	Julia D	widon-	Kandale

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STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

Newnam Funeral Home

230 BURIAL CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

Easton, Maryland

23c NAME OF CEMETERY OR CREMATORY

St Paul Lutheran Cem

23b. DATE

12/4/86

Cordova

23d. LOCATION

Talbot

22c DATE SIGNED

COUNTY

2b HOUR

12h KIND OF BUSINESS OR

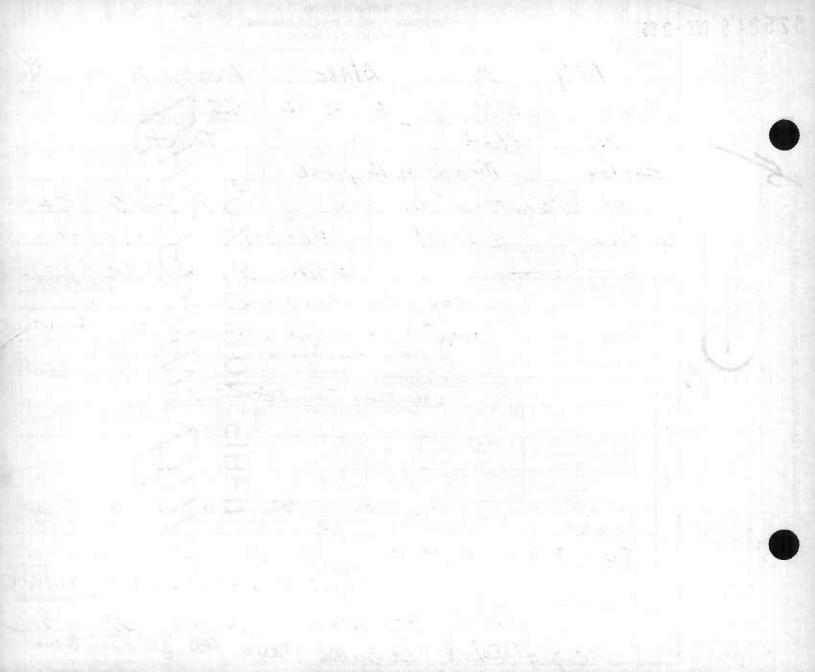
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IF UNDER 1 YEAR

				STATE OF MARYLAND	75 0	5 5 0 / 0
5849 DEC	0	OFOR DATE	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE	0 0 0
JU4 J DEL	L.A.			CERTIFICATE OF DEATH		
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
6 W E	(TYPE	ORPRINT) MADIL	AA	Alall-	1/21/21	na 100 129
by be		MITTE	/11-	RITIKE	November	28 1986 12AM
E d a	3. SE	x	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 20			10/6	MONTH DAY YEAR	17-7	MONTHS DAYS HOURS MIN.
5	L	-6m16	SIT	A 25 12	1/-S YF	
4 62 1		IRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH
1 18 34		That	11-1			
8 5 5	10.0	[] [] [] [] [] [] [] [] [] []	74-57	WIDOWED DIVORCED		MD.
1110	10. C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126 KIND OF BUSINESS OR
TA ES		FACTON	Memori	nl Hospital	(TITE OF WORK FOR MOST OF WORK)	TO CITE OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER
22/2	HIST	AT DECIDENCE LIE NURSING NOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEF	146 170301717		
75 DE	13e_	STATE 13b. COU			13e.STREET ADDRESS / ZIP C	ODE 12/6/1/
16 JU		MA TA	Ibot Escho	YES P NO 1	119 12	Take C4
22 78 10	14 E	ATHER'S NAME	100	15. MOTHER'S MAIDEN N	AME	0111
まなつまへ	-	FIRST	MIDDLE	/ AIRST	MIDDLE	/ KAST
19X (2/C)	11	100000	< ewal	Bock	10/	RINKE
8- 8	160	WAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	
P 0 10			VE WAR OR DATES)		- 101	1.
0 0 E	ш	no		Wm.	5 15/0	2 KP.
5 _ £ "		LIS CAUSE OF DEATH SEASON	-1	and to 3		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
do o t		PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b),		0 .0	BETWEEN ONSET AND DEATH
Q C E >			TE CAUSE (a) CON	gestive heart	Kaulure	
9 3				8	0	(2)
2022			DUE TO, OR AS A CONSEC	tensive and a	tomine Onne	[Mincertain
£ 2 &		Canditians, if any, which	(b) Huper	rensive and o	and the second	3
117		gave rise to immediate cause (a), stating the	DUE TO ODAS A CONSE	DUENCE OF Cardiova	at an Opp dit	0.010
- J.		underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF 2000-000	ta come come	access !
20 8			(c)			
A 5 6 M		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
200	Z		21 -	mais. Deale	eter melli	tri s
1.3 2 3	₹ Ē	19a, DATE OF OPERATION	19h CONDITION FOR WHI	TH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
1 1 1	0	THE DATE OF OPERATION	178. CONDITION TOR WITH	EN OPERATION WAS FERFORMED	INCE	ERTIFYING CAUSES OF DEATH?
2010	1				YES NO NO	YES NO
111	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	A 18 PART 1 OR PART 2)
1 1 2 3 mg		OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
F 2 1 4 /	15	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	19		
38 8	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION		COUNTY
2 2 2	Σ	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFIC	E. FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
14 1		AT WORK AT WORK				
OE		22a.1 certify that (1) this hasp	ital) attended the deceased from	3-13 1980	10 11-28	
0 4 -					n death accurred an the date and	
5102		abave, (I) (we) (did) (did no	1) view the body after death.		and the date did	
张 芳 弘 差		22h SIGNATURE		DEGREE		22c. DATE SIGNED
220 =		Ragent	Trever, M	, T ATTENDING	MEDICAL STAFF	11-28-86
289 E-	-			THOCHAIT	DIRECTOR PHYSICIAN	11 20 04
2 4		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		441 244 -
ORTA				RD3 B	0x 256 Ea	ston, Md. 21601
544	-					
-38.4	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23	. NAME OF CEMETERY, OR CREMATORY	23d. LOCATION	COUNTY
		(accent)	17 3/86	Rich Dryson	FASTON	The mod
	74 €	UNERAL DIRECTOR	1/100		ATE PECID BY DECISTDADISE DE	CISTRAP'S SIGNIATURE
16 60M 7/84	47 1	NAME OF	1/ ON 1" MADDRES	256.07	ATE REC'D. BY REGISTRAR 256 REC	JISTRAK SSIGNATURE
A 15, 4)		FIRM MI.	# EUSTION	Taston Md. Ut	EC 2 1986 Jul	TO DESCRIPTION OF THE PARTY OF
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8 NOV 21	1.	FOR STATE MEGISTRAR		DEPA	RTMENT OF I	E OF MARYL IEALTH AND ICATE OF I	MENTAL HY	GIENE C	REG. NO.	3	3	1 1
0 1101 20		EASED NAME FIRS	it .	MIDDLE		LAST		20. DATE C	F DEATH MO	INTH DA	AY YEAR	2b. HOUR
Poge 3	(TYPE	EDW.	ARD M	ELVIN	Bl	RINSFIE	LD		ovember	20	1986	12:30 A
7.01	3. SE		4. RACE		5. DATE (YEAR	6. AGE (IN	YEARS LAST BIRTHD	AY) II	FUNDER 1 YEAR	IF UNDER 24 HRS
	M	ale	White	e	12	27	14		71	YRS.		
5		RTHPLACE (STATE OR FOREIGN COUNTRY) aryland		S.A.	RY? II. MARRIE	D NEVER	MARRIED		ore city <u>or</u> control of the city of the c	COUNTY	OF DEATH	MD
		TY OR TOWN OF DEATH ordova	11. NAME OF RD 1	F HOSPITAL, NUF UCH FACILITY, GIVE ST	RSING HOME (REET ADDRESS)	OR OTHER INS	TITUTION	(TYPE OF WO	OCCUPATION RK FOR MOST OF W nant Ma	ORKING LIFE)	12b. KIND O INDUSTRY	PF BUSINESS OR
3	13a S	aryland	ome or other institution COUNTY Talbot	13t. CITY OR T	OWN	13d INSIDE C	NO X	13e.STREET RD	ADDRESS / Z	IP CODE		
50	14 F/	THER'S NAME Herman	MIDDIE M.	Rri	nsfield	40.0	S MAIDEN NA FIRST Inez	ME	WIDDLE		I AS	
0	16a V	VAS DECEASED EVER IN U.				17 INFORMA			ADDRESS	-	00	nes MD
	'n		ES, GIVE WAR OR DATES)	218-16	-6256	Inez	R Linde	man 7	12 N Wa	china	iton St	Easton
)		Canditions, if ony, white gove rise to immedia cause (a), stating 11 underlying cause last	DUE TO,	OR AS A CONSE	QUENCE OF TAREL QUENCE OF IRRITE	IL V	LIV	ES	RIMER		3 y 13	BINTE FARS FARS
Supplied Street	CERTIFICATION	190 DATE OF OPERATION		DITION FOR WH	The said	11 7	100	200 AUT	OPSY? 2	Ob. IF YES,	WERE FINDIN	NGS USED
9		210. ACCIDENT WAS UNDERLYING CAUSE		OF INJURY A.M. MONTH	DAY YEAR	21c HOW IN	JURY OCCUR	RED (ENTER	ATURE OF INJURY IN	NITEM IB PAR	RT 1 OR PART ?)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXA 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLAC	P.M. E OF INJURY STREET, FACTORY, OFFI	CE, FARM, ETC.)	211 LOCATION STREET	NC		CITY OR TOWN		COUNTY	STATE
		22a. I certify that (I) (this saw the deceased oli obove, (I) (we) (did) (22b. SIGNATURE	10 2	3 186	9, a	DEGREE	ATTENDING	MEDICA	ed on the date		22c. DAJE	SIGNED
MPORTANT			.RW. 1	3AIN		22e ADDRES	PHYSICIAN E	DIRECTO	PHYSICIAI	2 🗌		10/86
	230. B	BURIAL, CREMATION, REMO SPECIEVI Urial	236. DATE 11/21		Spring				ation vortown aston		Talbot	STATE
50M 7/84		UNERAL DIRECTOR NAME EWNAM Funeral	Home Fa	ADDRE			25e. DA		REGISTRAR 25h	. REGISTR.		URE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE CERTIFICATE OF DEATH REG NO. DECEASED NAME LAST 20 DATE OF DEATH FIRST 26 HOUR TYPE OF PRINTS 86 8:40 Hughlett Anna Cooper 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR Female. 12 White 04 09 76 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Maryland U.S.A. Talbot WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Easton Dixon House Salesperson Dept. Store ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 3a. STATE 136. COUNTY 13d INSIDE CITY LIMITS? Maryland Talbot Easton 423 S. Washington St 21601 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE John Richards Hughlett I Welsh Lula ADDRESS 17 INFORMANT 212-26-7027 Charles Hughlett 416 Trippe Ave Easton MD no RETAINED CONDET BATEFULL 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and it PART I. DEATH WAS CAUSED BY W combrant IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NO [NO 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE LAT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alix and wew the body after death , and that in (my) our) opinion death occurred on the date and have and from the causes stated 22b. SIGNATURE DEGREE 27c DATE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS Thomas W. Fauntleroy, Jr., M.D. 403 Marvel Court Easton, MD 23t. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE MD Burial 12/1/86 Spring Hill Cemetery Easton

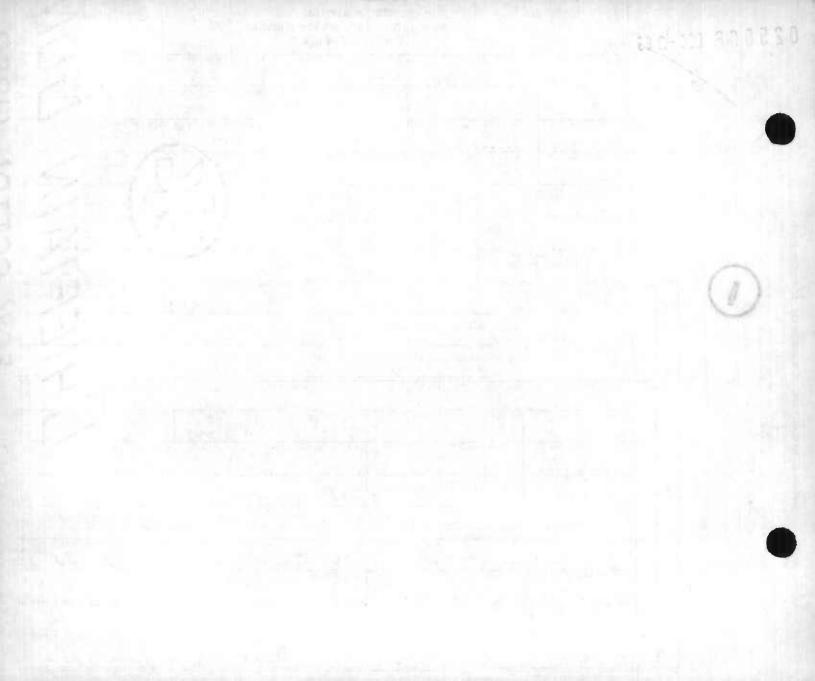
DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

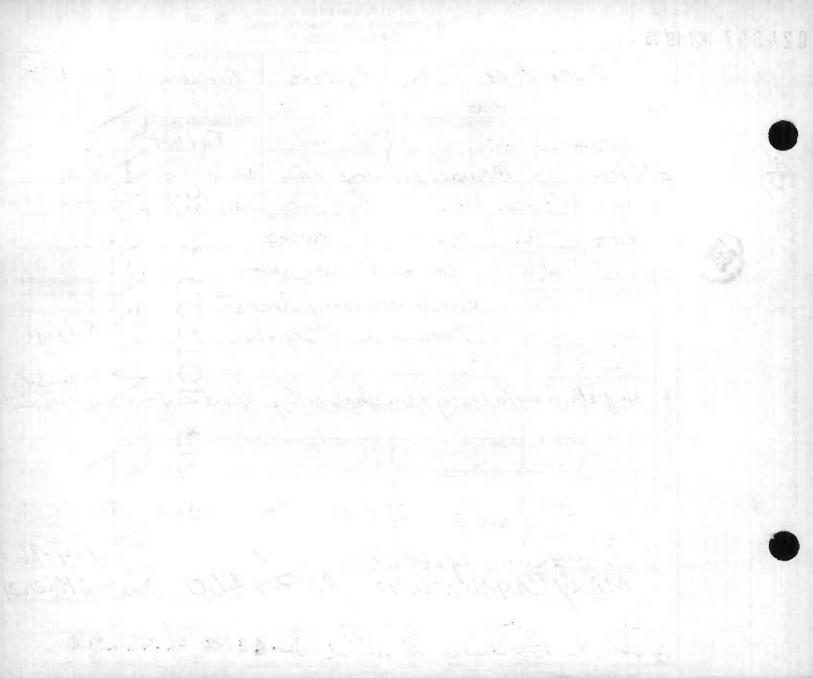
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Newnam Funeral Home Easton Maryland

25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DEC 1 Davidson Pandage



							OF MARYLA		8	6	3 3 0	10
21397 NOV 1	q f	FOR STATE REGISTRAR			DEP	RTMENT OF H	EALTH AND A					4
2 7 J J J 1107 1		CEASED NAME	FIRST		MIDDLE		AST		20 DATE OF DE	ATH MONTH	DAY YEAR 21	b HOUR
t t		OP PRINTS	mnoc	In pa		Ρ.	Cunha	000	Day.	ahoo 3	3 1986	1145
moy be poge	3. SE		4	RACE		5. DATE C		- 15	6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER I YEAR	F UNDER 24 HRS
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The law requires that the death cern bitending physician. When this certificate has been signed by the ottending to she burial-transit permit. Then please remove corpen h and Mental Hygiene prior to burial, cremotion, at rea orked an Item 18 shows any injury, or other traumatic		underlying cause		(6)	K AS A COIVSE	. GOEINCE OF						
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怎么		WILLIAM	AUGUST	DORR, J		LOIS	VIRGINIA	SMITH	G _e
in	160.	WAS DECEASED EVER IN U YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES	16b. SOCIAL SECU		17. INFORMANT	ADDRESS		
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1		18 CAUSE OF DEATH (ET	nter only one couse per CAUSED BY:	line for (o), (b), on	d (c).1	- 7		BETWEEN ON	TE INTERVAL
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9	2	WHILE NOT WHILE	[AT HOME. SI	REET, PACTORY, OFFICE, P	ARM, EIC J				
9		22a I certify that (1) (this	hospital)-attended th	e deceased from_		19 86	o	. 19 86 , the	ot (I) (O) le
TN		sow the deceased of obove (1) (we	view the body	after death.	6_,01	nd that is my (our) opinion	deoth occurred on the date and he	our and from the co	uses stoted
E .		ZZE SIGNATURE	00	1 1		DEGREE		22c. DATE SI	GNED
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NATA.	1	22d PHYSICIAN'S NAME				22e ADDRESS	Dutcha	ANS LANK	
80		Ludwig J	. Eglst	Sin III	m	RT 3 PO S	OX 106 KAITO.	a md ?	21601
3		BURIAL, CREMANON, REM	OVAL 736 DATE	. 23 € 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
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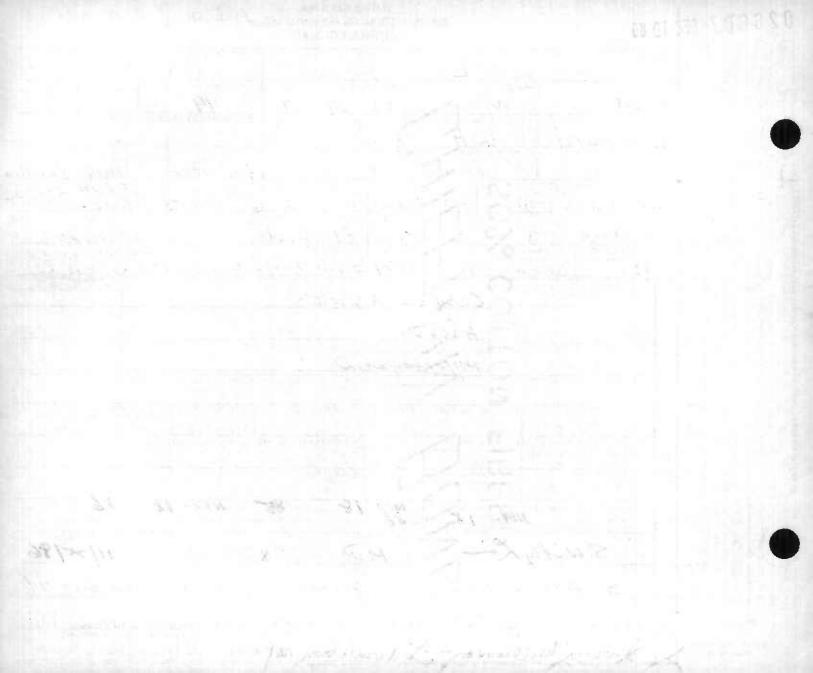
FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

		REGISTRAR				CERTI	ICAIL OIL	LATIT		REG. NO	Ο.			
	12	SED NAME	FIRST		MIDDLE		LAST		20 DATE	OF DEATH	MONTH DA	Y YEAR	26 H	IOUR
5		Seat Month	Ruth	F.	ibbey	Ear	rle		1911		11 0	80	6	GOAM
	3. 5E)			4. RACE		5 DATE (YEAR	6. AGE	IN YEARS LAST BIR	_	UNDER 1 YEA		
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1		Easton		Meridi	an Nurs	ing Ctr	-The P	ines	House		T TORKING ENTE	INDUSTR		
	lo S	AL RESIDENCE (IF	NURSING HOME OF		13c CITY OR I	EFORE ADMISSION)	134 INSIDE C	ITY LIMITS?	113e STREE	T ADDRESS	7 IP CODE		27-9	
)		Maryland	Tal	bot	Easton	1	YES X	NO [Goldsb		St	216	501
7	14 FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER	MAIDEN NA	WE	WIDDLE			LAST	
-		Georg	е		Libb	pey	Ma			MIDDLE		Ter	ry	
1		VAS DECEASED EN		MED FORCES?	166 SOCIALS	SECURITY NO.	17 INFORMA		1	ADDRE				
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	RTIF								YES [YES		NO	
À		210. ACCIDENT WAS		216. TIME O	FINJURY M. MONTH	DAY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER	NATURE OF INJUI	Y IN ITEM 18 PAR	11 OR PART 2	1	
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7	MEDICAL	14 INJURY OCC		21e PLACE (OF INJURY	FICE FARM, ETC)	21f LOCATIO	N		CITY OR TO	WN	COUNTY		STATE
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1		224 PHYSICIAN'S					22e. ADDRES	_						
		Willia	m H. Wo	ood, Jr.	, M.D.		Rt. 3	, Box 1	106, 1	aston,	Md. 2	1601		
- 1	23a. B	BURIAL, CREMATIC	ON, REMOVAL	23b. DATE		23c. NAME OF C			23d. LO	CATION		COUNTY		(1.11
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186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS FLOW M. 21/37 197 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS FLOW M. 21/37 213-14-1499 Bessie Mothis RN.1 Box 175 Religion Color 198 Social Security No. 199 Bessie Mothis RN.1 Box 175 Religion Color 198 Social Security No. 199 Bessie Mothis RN.1 Box 175 Religion Color 198 Social Security No. 199 Bessie Mothis RN.1 Box 175 Religion Color 198 Social Security No. 199 Bessie Mothis RN.1 Box 175 Religion Color 198 Social Security No. 199 Bessie Mothis RN.1 Box 175 Religion Color 198 Social Security No. 199 Bessie Mothis RN.1 Box 175 Religion Color 198 Social Security No. 199 Bessie Mothis RN.1 Box 175 Religion Color 198 Social Security No. 199 Bessie Mothis RN.1 Box 175 Religion Color 198 Social Security No. 199 Bessie Mothis RN.1 Box 175 Religion Color 198 Social Security No. 199 Bessie Mothis RN.1 Box 175 Religion Color 198 Social Security No. 199 Bessie Mothis RN.1 Box 175 Religion Color 198 Social Security No. 199 Bessie Mothis RN.1 Box 175 Religion Color 198 Social Security No. 199 Bessie Mothis RN.1 Box 175 Religion Color 198 Social Security No. 199 Bessie Mothis RN.1 Box 175 Religion Color 198 Social Security No. 199 Bessie Mothis RN.1 Box 175 Religion Color 198 Social Security No. 199 Bessie Mothis RN.1 Box 175 Religion Color 198 Social Security No. 199 Bessie Mothis RN.1 Box 199 Bessie Mothis		19. FA	THER'S NAME	MIDDLE LASS	15. MOTHER'S MAIDEN NA	AME	15 Keliace Kd.
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gned n plec burio ry, or		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BY	T NOT RELATED TO THE T	ERMINAL DISEASE O	R CONDITION G	IVEN IN PART 1	0
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olth and Mental Hygiei marked or Item 18 sho	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE: LIFE EITHER, NOTHEY MEDICAL EXA 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	OF DEATH HOUR A	OF INJURY A.M. MONTH P.M. E OF INJURY IREET, FACTORY, OFF	19	21f LOCATION STREET	CURRED (ENTERNAT	CITY OR TOWN	COUN		STATE
CCTOR: After use of the other man 21 is mor		22a.1 certify that (1) (this hospital) attended/the deceased from 77 , 19 , to 19 , 19 , that (1) (we) lost saw the deceased a live on 19 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obaye, (1) (we) (did radid not) view the body after death.									
with the Stote Dep		226. SIGNATURE	PE OR PRINT)	M		ATTENDIN PHYSICIAN 224. ADDRESS	MEDICAL DIRECTOR [STAFF PHYSICIAN	/	DAJE SIG	
should b		Gary J. Spr	ouse, M.D			Rt 301 Quee		arylan	d		
5 3 4	23a. I	BURIAL, CREMATION, REMO (SPECET) ITTAT				METERY OR CREMATO	RY 23d LOCA	NON R TOWN CWOOd	Talib	0+	MD [€]
			11/11,	/00	Sherwoo	d Cemetery				-	
16 60M 7/84 A 15, 4)		ewnam Funeral	Home Ea:	ston MD	ss 21601		NOV 1 3 1	986	BEGISTRAR'S SI		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE I REGISTRAR REG. NO. DECEASED NAME 20. DATE OF DEATH 2b HOUR LIYPE OR PRINTS Mary Howden 04 86 1:30A A IF UNDER I YEAR IF UNDER 24 HRS 4 RACE S DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 01 28 White 19 Female 58 TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Scotland Talbot WIDOWED DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR 12n HSUAL OCCUPATION INDUSTRY Easton 348 Glebe Road Nurse's Aide Medical 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Talbot Easton 348 Glebe Road 21601 Maryland YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE English Alfred Lowther Molly 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN HE YES GIVE WAR OR DATEST 220-52-0990 James R. Howden 348 Glebe Rd Easton MD 21601 no 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY ANCREAS CAWCER IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 9h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES. 21 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION STATE AT HOME STREET, FACTORY OFFICE FARM, ETC) NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from, 19 86 sow the deceased alive on_ ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (L) (we) (did not) view the body after death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 221 PHYSICIAN'S NAME (MPF OR PRINTI Stephen P. Carney, M.D. Dutchman's Lane Easton MD 21601 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE Burial 11/7/86 MD Spring Hill Cemetery Easton Talbot 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Newnam Funeral Home Easton MD 21601

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT



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1 101 0 13	do	FOR		DEPAI			MENTAL HYG	IENE		0 0 1	
101	-	STATE BEGISTRAR			CEKIIF	ICATE OF	DEATH	REG. N			. 9
		EASED NAME OF PRINT)	PPAM	MIDDLE	11	AST LINT	_	20 DATE OF DEATH	MONTH DA	1 Q VEAR 2b HO	UR 20
-	25.	/11	NITTIN	Grace	n	MAIN		Woveml	201 13	UNDER TYEAR IF UND	OFM
1	SEX	EMALE	4. RACE WHIT	E	5. DATE C	DAY	YEAR	6. AGE (IN YEARS LAST BH	MO	NINS DAYS HOUR	DER 24 HRS
1	-	THPLACE (STATE OR FOREIG		WHAT COUNTR	11	24	80	9. BALTIMORE CITY C	YRS.	AF DEATH	
5	C	laryland			MARRIE		MARRIED	IA	Lbot	- DEATH	MD.
7		Y OR TOWN OF DEATH		HOSPITAL, NUR				12a USUAL OCCUPAT		126. KIND OF BUSI	
0		EASTON		memo	RIAL	-		(TYPE OF WORK FOR MOST O	SS .	Underwear	co.
5	30 S	L RESIDENCE (IF NURSING H	COUNTY	13c. CITY OR TO	NWC	13d. INSIDE	CITY LIMITS?	13e STREET ADDRESS			
2		aryland	Talbot	Easto	n	YES 🔀	NO 🗌	361 Glebe	Road	21601	
1	4 FA	THER'S NAME	MIDDLE	LAST			S MAIDEN NAM	WIDDLE		LAST	
귀,	An W	Walter AS DECEASED EVER IN U	K.	Sha Tibb SOCIAL SE		17 INFORM	irace	ADDR	FSS	Roe	-
1		ES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	220-01				ores 311 N		C+ Eact	on MD
-	- 1	18 CAUSE OF DEATH (Er	ater poly one cours pe			<u>Ualle</u>	25 n. 31	iores 211 M	Aurora	APPROXIMATE IN BETWEEN ONSET A	TERVAL
		PART I. DEATH WAS	AUSED BY:	ar	Ripe 1	errest				BETWEEN ONSET A	ND DEATH
e cit		IMM		OR AS A CONSEG		0	1	1111			
		Conditions, if any, wh		2/50	000	EChr	remu	CHT			
other troumptic		gove rise to immedia		OR AS ALONSEO	DUENICE OF	11	n	4			
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			(c)_	Luj	ous l	rythe	mgosa	3			
	z		(c)_	Lug	ous e	nythe	TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	N IN PART 1(g	
y. or	ATION	underlying cause la	CANT CONDITIONS C	CONTRIBUTING T	OUS L Moderath But	Dia	better n	rellitus			SED
7	IFICATION	underlying cause la	CANT CONDITIONS C	Lug	OUS L Moderath But	Dia	better n	200 AUTOPSY?	206. IF YES, N	WERE FINDINGS US NG CAUSES OF DE	ATH?
7	CERTIFICATION	Underlying cause to PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYI	CANT CONDITIONS CONSTRUCTION OF 196. CONE	CONTRIBUTING TO	DU L DEATH BUT Mrifis CHOPERATIO	Dia N WAS PERFO	better in	rellitus	20b. IF YES, N IN CERTIFY!! YES	WERE FINDINGS US NG CAUSES OF DE	ATH?
	AL CERTIFICATION	Underlying cause to PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE CAUSE CAUSE CONTRIBUTING CAUSE CA	ANT CONDITIONS CONDITI	ONTRIBUTING TO	DUS LO DEATH BUT Mon fis CH OPERATIO	Dia N WAS PERFO	better in	Pellifus 200 AUTOPSY? YES NO	20b. IF YES, N IN CERTIFY!! YES	WERE FINDINGS US NG CAUSES OF DE	ATH?
-		Underlying cause to PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYI	CANT CONDITIONS CONDIT	ONTRIBUTING TO	DUS LO DEATH BUT MINISIS CH OPERATIO DAY YEAR 19	N WAS PERFO	DRMED NJURY OCCURR	200 AUTOPSY? YES NO	206. IF YES, V IN CERTIFYII YES	WERE FINDINGS US NG CAUSES OF DE NO	ATH?
	CAL	Underlying cause to PART 2 OTHER SIGNIFIC 19th DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	ANT CONDITIONS CONDITI	ONTRIBUTING TO	DUS LO DEATH BUT MINISIS CH OPERATIO DAY YEAR 19	N WAS PERFO	DRMED NJURY OCCURR	Pellifus 200 AUTOPSY? YES NO	206. IF YES, V IN CERTIFYII YES	WERE FINDINGS US NG CAUSES OF DE	ATH?
7		Underlying cause to PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE) 21d INJURY OCCURRED	CANT CONDITIONS CONDIT	OF INJURY OF INJURY A.M. MONTH OF OF INJURY TREET, FACTORY, OFFIR	DUS LO DEATH BUT THE STATE OF T	N WAS PERFO	DRMED NJURY OCCURR	200 AUTOPSY? YES NO	206. IF YES, V IN CERTIFYII YES	WERE FINDINGS US NG CAUSES OF DE NO	ATH?
75		Underlying cause to PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYI QUE EITHER NOTEY MEDICALES 21d. INJURY OCCURRED WHILE AT WORK 220.1 certify that III (this saw the deceased of	ANT CONDITIONS C ANT CONDITIONS C 19b. CONE OF DEATH AAMINER) 21b. TIME C HOUR A (AT HOME, S hospital) oftended t live on	ONTRIBUTING TO THE PART OF INJURY A.M. MONTH P.M. E OF INJURY IREE1, FACTORY, OFFIR The deceased from	DUS LO DEATH BUT MY SIS CH OPERATIO DAY YEAR 19 CE, FARM, ETC.)	N WAS PERFO 21c. HOW IN 21l. LOCATI STREE	DRMED NJURY OCCURR ON 19	200 AUTOPSY? YES NO	206. IF YES, NIN CERTIFYII YES JRY IN ITEM 18 PAR	WERE FINDINGS US NG CAUSES OF DE NO 1 OR PART 2}	STATE (we) last
- 1		Underlying cause to PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYI QUE EITHER NOTEY MEDICALES 21d. INJURY OCCURRED WHILE AT WORK 220.1 certify that III (this saw the deceased of	CANT CONDITIONS CONDIT	ONTRIBUTING TO THE PART OF INJURY A.M. MONTH P.M. E OF INJURY IREE1, FACTORY, OFFIR The deceased from	DUS LO DEATH BUT MANAGEMENT DAY YEAR 19 CE, FARM, ETC.)	N WAS PERFO 21c. HOW It 21l. LOCATI STREE	DRMED NJURY OCCURR ON T 19 (aur) apinion o	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death accurred on the death accurred on the death	206. IF YES, NIN CERTIFYII YES JRY IN ITEM 18 PAR	WERE FINDINGS US NG CAUSES OF DE NO 1 OR PART 2}	STATE (we) last stated
7		Underlying cause to PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE (4 EITHER NOTHY MEDICALES 21d. INJURY OCCURRED WHILE AT WORK 22a.1 certify that 11/4 (this saw the deceased of above). (1/4 (we) (did) (ANT CONDITIONS C ANT CONDITIONS C 19b. CONE OF DEATH AAMINER) 21b. TIME C HOUR A (AT HOME, S hospital) oftended t live on	ONTRIBUTING TO THE PART OF INJURY A.M. MONTH P.M. E OF INJURY IREE1, FACTORY, OFFIR The deceased from	DUS LO DEATH BUT MANAGEMENT DAY YEAR 19 CE, FARM, ETC.)	N WAS PERFO 21c. HOW It 21l. LOCATI STREE	DRMED NJURY OCCURR ON 19	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death accurred on the death accurred on the death	20b. IF YES, NIN CERTIFYII YES JRY IN ITEM 18 PAR JOHN 19 Jate and hour of	WERE FINDINGS US NG CAUSES OF DE NO 1 OR PART 2) COUNTY and from the couses	STATE (we) last stated
7		Underlying cause to PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE (4 EITHER NOTHY MEDICALES 21d. INJURY OCCURRED WHILE AT WORK 22a.1 certify that 11/4 (this saw the deceased of above). (1/4 (we) (did) (ANT CONDITIONS C 19b. CONE 19b. CON	ONTRIBUTING TO THE PART OF INJURY A.M. MONTH P.M. E OF INJURY IREE1, FACTORY, OFFIR The deceased from	DUS LO DEATH BUT MANAGEMENT DAY YEAR 19 CE, FARM, ETC.)	N WAS PERFO 21c. HOW It 21l. LOCATI STREE	DRMED NJURY OCCURR ON 1 (aur) apinion of PHYSICIAN PHYSICIAN	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death accurred on the death accurred on the death	20b. IF YES, NIN CERTIFYII YES JRY IN ITEM 18 PAR JOHN 19 Jate and hour of	WERE FINDINGS US NG CAUSES OF DE NO 1 OR PART 2) COUNTY and from the couses	STATE (we) last stated
7		Underlying cause to PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALES 21d. INJURY OCCURRED WHILE AT WORK 220.1 certify that (IV) (this saw the deceased of abaves (IV) (we) (did) (22b. SIGNATURE	ANT CONDITIONS C 19b. CONE 19b. CON	ONTRIBUTING TO THE PART OF INJURY A.M. MONTH P.M. E OF INJURY IREE1, FACTORY, OFFIR The deceased from	DUS LO DEATH BUT MANAGEMENT DAY YEAR 19 CE, FARM, ETC.)	N WAS PERFO 21c. HOW It 211. LOCATI STREE	DRMED NJURY OCCURR ON 1 (aur) apinion of PHYSICIAN PHYSICIAN	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death accurred on the death accurred on the death	20b. IF YES, NIN CERTIFYII YES JRY IN ITEM 18 PAR JOHN 19 Jate and hour of	WERE FINDINGS US NG CAUSES OF DE NO 1 OR PART 2) COUNTY and from the couses	STATE (we) last stated
7	WEDICAL WEDICAL	Underlying cause to PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALES 21d. INJURY OCCURRED WHILE AT WORK 220.1 certify that (IV) (this saw the deceased of abaves (IV) (we) (did) (22b. SIGNATURE	ANT CONDITIONS CONDITI	ONTRIBUTING TO THE CONTRIBUTING TO THE CONTRIBUTION FOR WHI OF INJURY TREET, FACTORY, OFFILE OF INJ	DAY YEAR 19 CE, FARM. ETC)	N WAS PERFO 21c. HOW II 21l. LOCATI SIREE 21l. LOCATI SIREE 21l. LOCATI SIREE 22e ADDRE	ON TO STEEL ON THE	TELLIFUS 200 AUTOPSY? YES NO CITY OR TO CITY OR TO Death accurred on the d MEDICAL PHYSIC AMEDICAL PHY	20b. IF YES, IN CERTIFYII YES JAY IN ITEM 18 PAR JAY IN ITEM 19 PAR	WERE FINDINGS US NG CAUSES OF DE NO 1 OR PART 2) COUNTY and from the couses	STATE (we) last stated

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

642 DEC	12	FOR STATE WEETSTRAR			DEPAR	TMENT OF H	ICATE OF E	MENTAL HY	GIENE REG. NO		, 0 0
. /		CEASED NAME	FIRST	N	MIDDLE		AST	E,421-7	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
21 1/2	1000	SAR	0	Ui	rginia	HU	tchi 3	ion	11-21-	86	12-PM
10 10	3. SE			RACE		5 DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
seto.	F	emale	V	White		08	08	06	80 yrs	MONTHS DAYS	HOURS MIN.
100	M B	RTHULACE FATE OR FO	REIGN 7b	CITIZEN OF	VHAT COUNTRY	? 8	D X NEVER	AAABBIED []	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
35	M	aryland	1	U.S.	Α.	WIDOW		NORCED [Talbot		MD
320	10. €	TY OF TOWN OF DEAT	Н 11.		OSPITAL, NURS		OR OTHER INS	TITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
78	E	aston	1	Memo	. 1)	HOS DI	tal		Housewife	tire) INDOSTRI	
10/	#50. 13e.5	AL RESIDENCE (IF NURSIN	36 COUNTY		130 CITY OR TO		13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS / ZIP COI	DF	
35	M	aryland	Caro	oline	Hillsb	oro	YES X	NO 🗌	Middle Street	21641	
1	11.77	THER'S NAME	MIDI	DLE	LAST		15 MOTHER	S MAIDEN NA	ME	LA*	ST
1820	1	John	M.		Barwi	ck	Et	thel			wart
gicol		VAS DECEASED EVER I	U.S. ARMEI		166 SOCIAL SEC	URITY NO.	17 INFORMA	INA	ADDRESS		
1	n		(11 123 0142 47	AN ON DAILS)	213-18-	5629	Rufus	s D. Hu	tchison P O Box	94 Hill	sboro ME
15		18 CAUSE OF DEATH	(Enter anly a	one cause per	line far (a , (b), c	ind ic			THE PART OF	APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
		PART I. DEATH WA	MMEDIATE C		CAndio	sulm	ON Any	Anni	37	30	MINUTES
o de					AS A CONSEO	UENCE OF	0.				
D D D		Canditions, if any,		(b)	Dinber		27/1/ P	15		1//	mes
other tr		gave rise to imme cause (a), stating underlying cause	the 1		AS A CONSEQ 174000 SCI	4	CAN	dioxac	Am duinse	y BA	ns
njary, er	NO.	PART 2. OTHER SIGN	FICANT CON				NOT RELATED	TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART TO	a
Aug 2	CERTIFICATION	190 DATE OF OPERATI	ON	19b. CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFO	DRMED	IN CERT	ES, WERE FINDI FIFYING CAUSES YES	
180	8	21a. ACCIDENT WAS UNDE		216. TIME OF	NURY	DAY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM TE	PART 1 OR PART 2)	
17	CAL	OR CONTRIBUTING CA		P. A		19	-				
5/	MEDICAL	21d. INJURY OCCURRE		21e. PLACE C	OF INJURY	EARM ETC.)	211 LOCATIO		CITY OR TOWN	COUNTY	STATE
hed	5	AT WORK	£ 📗	(A) HOME STA	LET PACTORT, OFFICE	, PARM, ETC.)					
98		220.1 certify that				10/	3	. 19 86		19 86	that () (we) last
5		saw the deceased abave, (1) (we) (di	d alive an	10/7/	8 6 19.	. 0	nd that in my	(aur) apinian	death accurred on the date and ho	out and from the	causes stated
the the		226 SIGNATURE	171	1			DEGREE			22c. DATE	SIGNED
*		7//6	a la	and I	y my		/	PHYSICIAN F	MEDICAL STAFF DIRECTOR PHYSICIAN	11/2	1/86
3 1	1	224 PHYSICIAN'S NA	ME (TYPE OR PR	BINT)	,		22e ADDRES		Dutch-	1-15 62-	16
PORT		Ludwig J	. Es	Lsade	en III	nD	RT 3	Bar	106 GAITON,	mangle	mJ 2160
3.1		SURIAL, CREMATION, R		23b DATE			EMETERY OR	CREMATORY	23d. LOCATION	-	
	B	specify) urial		11/24/	86 F	airvie	w Cemet	terv	Cordova	Talbot	MD
	24 FI	INERAL DIRECTOR							TE REC'D. BY REGISTRAR 256, REGI		
0M 7/84	N.	ewnam Funer	al Hom	ne Fas	ton Mar	vland	21601			Davidson.	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH FISTRAR REG. NO. LEASED NAME 20 DATE KNOWN Y TIPE OR PRINT ESTIw.ard DEATH MATED 4 RACE F UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Female White 12/13/1944 41 DEAD 7b. CITIZEN OF WHAT COUNTRYS BALTIMORE CITY OR COUNT G. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland US Talbot County DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Easton & Glenwood Ave Easton Housewife LAL RESIDENCE UE IN NUIT IN | 13d. INSIDE (IIY LIMITS) | 13e STREET ADDRESS | Rt 2 Box 130 Cambridge orchester 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Maurice Ward Kathleen Cox 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 215-44-802 No Insley Item # Wm. W. 18 CAUSE OF DEATH (Enter only one cause per APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO Conditions, if any, which gave rise to immediate couse (o) stoting the under-BURIAL lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT HIGH RELATE Y H CERTIFICATION **USED AS** 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E CHIEF BE USED YES . EXECUTE THE CENTIFICATE, WRITING THE WOI PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNEXA DIFFECTION PAGE 3 SHOULD BE AFFER DE MITTHE STATE DEPARTMENT, BALLIMOTE AND THE STATE DEPARTMENT. 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY ORY, FARM, ETC.) WHILE AT WORK AT WORK 22a. I certify that I held an Autopsy and in my apinion Inspection death resulted for indetermined manner ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT ADDRES: 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Md. 23/86 Memorial Park 07/84 Cambridge 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGIS dea Dandom Fo **DHMH - 17** (VR A15 ME (5)) Thomas Funeral Home Cambridge Md

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ac FOR	DEPART	STATE OF MARYLAND 'MENT OF HEALTH AND MENTAL HY	GIENE O O	3 3 0 0 0
OU STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	· ·
ATHRETICAL PROPERTY	anklin T.	Jensen	20 DATE OF DEATH MC	1-5-86 12:50 PM
Male	White	5. DATE OF BIRTH DEC. 17, 1912	6 AGE (IN YEARS LAST BIRTHD	YRS
Maryland	76. CITIZEN OF WHAT COUNTRY U. S.	MARRIED X NEVER MARRIED	9. BALTIMORE CITY OR C	
Easton	Memoria	NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF W Clergyman	12b. KIND OF BUSINESS OR
MD . Ca	ome or other institution give residence before COUNTY 13c CITY OR TON Prestor	YES NO X	Rt. 1, B ox	1P CODE 206 A 3 2/65
	en MIDDLE LAST			LAST
	VES GIVE WAR OR DATES!	URITY NO. 17 INFORMANT	ADDRESS	(21243)
gove rise to immedia couse (a), stating to underlying cause la PART 2. OTHER SIGNIFIC	tich (b) the part of the bush (c) Due to, or as a consequence of the bush (c) and contributing to	JENCE OF DEATH BUT NOT RELATED TO THE TERM THOSE SECONDO	y to pours	y disquens
19a DATE OF OPERATION	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
OR CONTRIBUTING CAUSE	OF DEATH HOUR A.M. MONTH (DAY YEAR	RED (ENTER MATURE OF IMJURY II	NITEM 1B. PART 1 OR PART 2)
ILE NOT WHILE E	LAT HOME STREET EACTORY OFFICE		CITY OR TOWN	COUNTY STATE
saw the deceased all	ive an19_		death occurred an the date	and hour and from the causes stated
22) SENATURE TOWNS	D Blay	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	22€. DATE SIGNED
LAWREN	ICE D. BOHAN	MO		
[SPECIFY]			23d LOCATION CITY OR TOWN	e, A.A.Co.,Marylar
24 FUNERAL DIRECTOR		25g p.A		REGISTRATES SIGNATURE
George J. Gond	ce,4001 Ritchie B.	,Baltimore,MD NU	v - / 1900 8	American M. Ventrenne
	Male Maryland Maryland Town of Death Ston Usual residence (IF NURSING III STATE Jacob Jense Jacob Jense III WAS DECEASED EVER IN U JEST NOR UNKNOWN) 18 CAUSE OF DEATH (E) PART 1. DEATH WAS (III) PART 2. OTHER SIGNIFIC Vera 190 DATE OF OPERATION 191 DATE OF OPERATION 210 INJURY OCCURRED 211 INJURY OCCURRED 212 INJURY OCCURRED 214 INJURY OCCURRED 215 NATIVE 216 PHYSICIAN'S NAME LAWREN 230. BURIAL, CREMATION, REM 150 INTIAL 231 BURIAL, CREMATION, REM 150 INTIAL 232 BURIAL, CREMATION, REM 150 INTIAL 234 FUNERAL DIRECTOR	REGISTRAN REST MIDDLE	DEPARTMENT OF HEALTH AND MENTAL HY REGISTRAR I. DECEASED NAME PARTY CONTROL A. RACE White Mode: Maryland J. S. DATE OF BIRTH DOC: J. T. 1912 MARRIED MARRIED	DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REG. NO. I. DECEASED NAME I. RACE I. BACE I. B

Telipida Limani Linetara i

	1. DE	CEASED NAME	FIRST	٨	AIDDLE	- 1	AST	20 DATE O	F DEATH M	ONTH DAY	YEAR	26 HOU
	(1177	CEASED NAME OR PRINT! Ellsw	orth		+ J.	حسح	.11		11-	21-8		35
	3 SE ma	ile		White		5. DATE C			YEARS LAST BIRTHO	DAY) IF U	INDER 1 YEAR	IF UNDER
35	Q	RTHPLACE ISTATE OR F	yland	USA	WHAT COUNTRY?	8. MARRIE WIDOWE	NEVER MARRIED	9 BALTIMO	IQUAC	COUNTY OF	DEATH	
78		Easton		Memorinsuc	PRIOL	ADDRESS)	or other institution	(TYPE OF WO	OCCUPATION RK FOR MOST OF V Elect	WORKING LIFE)	IZE KIND OF INDUSTRY & Plu	
33	A 30 S	al residence if hurs state iryland	IN COUNT	other institution by Anne	GIVE RESIDENCE BEFORE 13. CITY OR TOW Centrevi	ADMISSION)	13d. INSIDE CITY LIMITS?		ADDRESS / 2	21617		Á
/solution	14. F/	ATHER'S NAME	ooper "	Jewell	LAST	36.	IS MOTHER'S MAIDENN	an Pra	t t		LAST	Q
Joseph 2	160 V	VAS DECEASED EVER YES NO OR UNKNOWN) 10		MED FORCES? WAR OR DATES)	166 SOCIAL SECU 157 01 2		Agnes Ford J		ELM St	reet eville	Md 21	1617
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do do	1. 58)	4 Female	4. RACE	i ta	5 DATE OF	DAY YEAR	6 AGE (IN YEARS I	7	IF UNDER I YEAR IF UNDER 2.
		HTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WH		8	13 23	9 BALTIMORE C	3 YRS	OF DEATH
1 1012	V	Tirginia TY OR TOWN OF DEATH	U.S.A.	EDITAL AUDCIN	WIDOWED	DIVORCED [TAIL	oT Cou	inty
1 11 1/8	2	Easton		ACILITY, GIVE STREET		HOSD.	12a USUAL OCC (TYPE OF WORK FOR	MOST OF WORKING LIF	175 (FID OF BUSINES INDUSTRY Home
24 Page 24 3	13e. 5	RESIDENCE (IF NURSING HOMEO	NTY 13c	E RESIDENCE BEFORE	N. I	13d. INSIDE CITY LIMITS? YES NO 🗌		RESS / ZIP CODE	21638 y Dr. West
1 10	I FA	ATHER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN N	AME	DDLE	LAST
10 / 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1		heodore WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166	Lee b SOCIAL SECU	IRITY NO.	Jane 17 INFORMANT		ADDRESS	Dorsey
pool p	10	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	579-22-1	1095	O. Edward	Johnson Sa	me as it	em # 13
M		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:		coffe	Shock			APPROXIMATE INTERVIBET WEEN ONSET AND DE
	1	877		S A CONSEQUE		nd (/ 1 A	1
of the dec y the att te remon cremoth other trau		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS	S A CONSEQUE	OF OF	, 2 dedi	ree, Ri	ght Aru	n 2 day
agents that the decoquires that the attract of the principle of the princi	NO	gave rise to immediate couse (a), stating the	(c)	TRIBUTING TO E		(. 1	-	CONDITION GIV	EN IN PART Tra
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O HOSPITALOR ATTENDING PHYSICIAN. The law requires that the decident by the hospital or attending physician. For ELNERAL DISECTION, After this certificate that been signed by the attending to the physician of the physician permit Then please entropy with the State Dept. of Health and Mental Hygiene prior to buriof, cremation MPDRIANT. If the Tall is marked at them, 8 fladers any injury, or other training that the physician prior to buriof.	100	gave rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT SQUQV @ 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED NOT WHILE AT WORK 22a. I certify that (I) (this hosp saw the deceosed alive or above, (I) (well-paid) (did on above, (I) (well-pa	CONDITIONS CONT IPB. CONDITIO 19b. CONDITIO 21b. TIME OF IN HOUR A.M. P.M. 21c. PLACE OF [AI HOME. STREET, outlal) attended the d n iot) view the body ofte	INJURY MONTH DA INJURY FACTORY, OFFICE, F. Leceased from L	OPERATION AY YEAR 19 'ARM, ETC.)	WAS PERFORMED 211. LOCATION STREET 4 that in (my) (our) opinion EGREE ATTENDING PHYSICIAN 22e ADDRESS	20a AUTOPSY YES NO RRED (ENTER NATURE (? 20b. IF YES IN CERTIF YE DE INJURY IN ITEM 18 P Y OR TOWN the date and hau	S, WERE FINDINGS USED YING CAUSES OF DEATH S NO PART I ORPART 2) COUNTY ST. 19 \$ 6 , that (I) (we are an of from the causes state)

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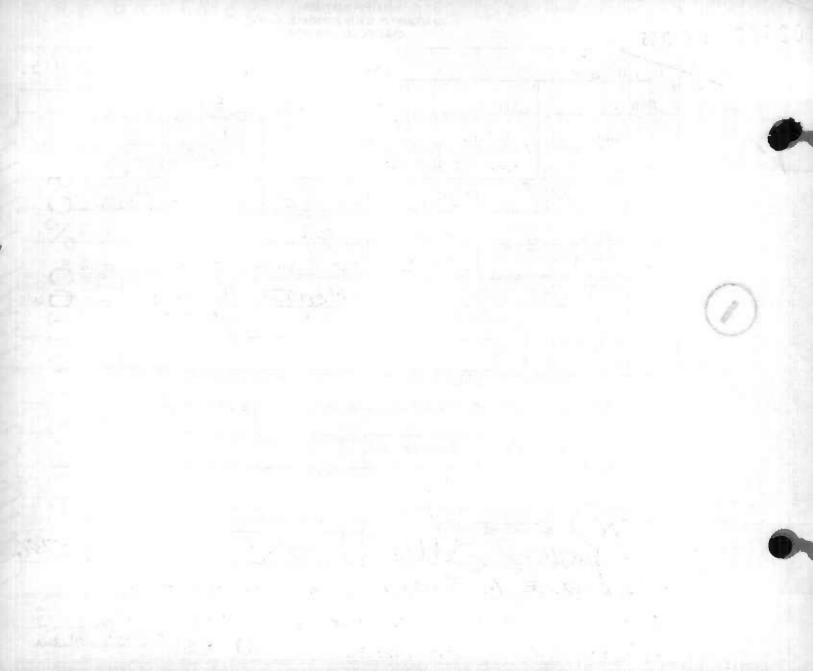
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All the same and the same and the same

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Jacob M. New Mr. 100 April 100 April

5808 DEC	3	FOR STATE HIGGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL FICATE OF DEATH	HYGIENE 8 6	3	3 u	7 1
	1. DE	CEASED NAME PAST	#MDDL8		LASE	3s. DATE OF DEATH		O YEAR	Ih HOUR
3 TE 8	-	William	IN		Tones	Novembe	4 27	1986	11 7 AM
1 83-0	3. SE		4. RACE	5. DATE	OF BIRTH	& AGE INTEASTANT		SATHS DAYS	POWER TARK
and		Male	white		11 36		YRS.		
1 1 15		RTHPLACE ISTATION ON TONION	U.S.A.	COUNTRY? 8. MARR WIDON	NED X NEVER MARRIED	The Third Street	OR COUNTY C	OF DEATH	MD.
4 1 1	1000	TY OR TOWN OF DEATH		T Hospital	OR OTHER INSTITUTION	Police of		125, KIND OF INDUSTRY	F BUSINESS OF
tilled in	134 1	Charles and the Control of the Contr	oline	Preston	YES NO IX	RD 2 Box		21655	
150	0		D.	Jones	Anna	Eli.	zabeth	Crei	ghton
ond c	1	VAS DECEASED EVER IN U.S. A IEL NO OKUNKNOWNI IF YEL O	NE WAR OW DATES.	SOCIAL SECURITY NO 14-32-5909	Mary C. Jo	ones RD 2 Bo		restor	MD
been signed by the a mit. Then please rema prior to busiol, cremat any injury, or other tro	CERTIFICATION	Conditions, if any, which gove rise to immediate course to intering the underlying cause lost. PART 2. OTHER SIGNIFICANT 19e. DATE OF OPERATION	CONDITIONS CONTR		IT NOT RELATED TO THE	TERMINAL DISEASE OR CO	Trib. IF YES,	N IN PART TO WERE FINDEN ING CAUSES	IGS USED
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e or the bo pith and Me marked or	MEDICAL	ZHE INJURY OCCURRED WHILE HIGH HIGH HIGH AT WORK	71e PLACE OF IN 7A1 HOME, STREET, FA		TH LOCATION	City de	TOWN	COUNTY	STATE
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Connect by the heaping of the condition of the designation of the state Design of the deposit of the State Design of the State		Standard december drive of shown in the standard in the standa	of) view the body after	30 HAN	ATTENDE PHYSICIA 17% ADDRESS	MEDICAL SINCE Easton	TAFF SICIAN []	22L DATE:	
1 243	1	SURIAL CREMATION, REMOVA			CEMETERY OR CREMATO	ORY ZIE LOCATION		COUNTY	STATE
3P		urial	12/1/86	Woodla	wn Memorial	Pk Easton		lbot	MD
DHMH - 16 60M 7/84 (VRA 15, 4)	74.F	UNERAL DHECTOR ewnam Funeral		ADDRESS MAY	254	DEC 1 1986	ARESS RECHSTR.		uge



STATE OF MARYLAND

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED

236. DATE

11/7/86

DEPARTMENT OF HEALTH AND A CERTIFICATE OF D

DEP	CERTIF	ICATE OF DEATH	REG. I	NO.			1
WIDDLE		AST	20 DATE OF DEATH	MONTH	DAY 1	'E AR	26 HOUR
Elizabe	th .	Johnson		11		36	1:30 P
ACE	5. DATE (6 AGE (IN YEARS LAST !	BIRTHDAY	IF UNDER	DAYS	HOURS MIN.
White	02	24 10	76	YRS	MOITING	DATS	MIN.
ITIZEN OF WHAT COUN	TRY? 8.		9 BALTIMORE CITY		TY OF DEA	TH	
U.S.A.	WIDOW	D NEVER MARRIED DIVORCED	Talbot				44.0
NAME OF HOSPITAL, NU			17a USUAL OCCUPA	_	17b. K	IND OF	BUSINESS OR
IF NOT IN SUCH FACILITY, GIVES			(TYPE OF WORK FOR MOST		LIFE) INDL	JSTRY	
33 Box 125	SECORE ADMISSION		<u>l Housewife</u>				
13c. CITY OR		134. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CO	DE		
Neavi	tt	YES NO	Main Stree	t	21652	2	
E LAST		15. MOTHER'S MAIDEN NA	ME				
- 11 1	daway	Cornelia				lone:	c
1111	SECURITY NO.	17 INFORMANT		RESS		onc.	
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DUE TO, OR AS A GONS	EQUENCE OF	oma mul	Home				
DUE TO OBJECT COME	COUPLICE OF						
DUE TO, OR AS A CONSI	EOUENCE OF						
OITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINIAI DISEASE OR CO	NDITION	IVENI IN D	A D.T. 1	
ecubital	ulcors	7	NINAL DISEASE OR CO	NUITION	MAEIN HAP	AKI IIO	
19b. CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE		
			YES T NOT	-	TIFYING CA	AUSES C	DF DEATH?
216. TIME OF INJURY		21c. HOW INJURY OCCUR		_		ART 2)	ТКО []
HOUR A.M. MONTH	DAY YEAR		TED TENTER IN THE OF THE	JOK - II - II LIM II	0 7 AKT 1 OK 1	ART EJ	
P.M.	19						
TIE PLACE OF INJURY	FICE, FARM, ETC.)	21f. LOCATION STREET	cay gar	CAN	COU	NIY	STATE
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ttender of deceased for	am_ 6	186	10_114	ari -	, 19	2	not (I) (we) lost
11/16	19	nd that in (my) (our) opinion	death occurred on the	dote and h	our and fro	m the co	ouses stated
w the body after death.		DEGREE			124	DARS	IGRIFO.
4	MI) ATTENDING		AFF	-	ILE	-61-
20	/ ==	PHYSICIAN [DIRECTOR PHYS	ICIAN [- 1	1 2	100
1)		22e. ADDRESS				1	
		607 Dutchman	's Lane Ea:	ston 1	MD 2	1601	
b. DATE	23c NAME OF	EMETERY OR CREMATORY	23d LOCATION				
11/7/86	Neavitt	Cemetery	Neavit	t.	Talb	ot.	MD
		25a. D					
ADDR	ESS	.11	DA TO POOL	9 Him	and wares	A 34.	Variance

by 1 MPORTANT

24. FUNERAL DIRECTOR DHMH - 16 60M 7/84

Buria1

FOR

(TYPE OR PRINT)

DECEASED NAME

Female

Maryland

McDanie1

Maryland

4 FATHER'S NAME

no

CERTIFICATION

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TO BIRTHPLACE (STATE OR FOREIGN

IO CITY OR TOWN OF DEATH

James

underlying

Conditions, if ony, which gove rise to immediate couse (o), stoting

190 DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE 22s I sertify that the this haspital

couse

FIRST

Rose

4. RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 13b COUNTY 13c CITY OR TOWN

Franklin

Talbot

IMMEDIATE CAUSE (o

18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY

76. CITIZEN OF WHAT COUNTRY?

66 STATE

Newnam Funeral Home

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Ann H. Webb, M.D. 230 BURIAL, CREMATION, REMOVAL

Easton Maryland 21601

(VRA 15, 4)

(VRA 15, 4)

dia Davidson K



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DESEASED NAME 26 DATE OF DEATH 2b. HOUR JOHN HARRI SON JR. 4 RACE 6 AGE (IN YEARS LAST BIRTHOAY) 3. SEX IF UNDER I YEAR CAUC. AUG. 16. 1917 69 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY MARYLAND TALBOT WIDOWED 10, CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 106 ST. MICHAELS COTTAGES ST. MICHAELS WATERWAN SEAFOOD USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
113b. COUNTY
131c. CITY OR TOWN 21663 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND TALBOT ST. MICHAELS 106 ST. MICHAELS COTTAGES NOX YES [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME JOHN HARRISON KEVIP MARGARET BRIDGES 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 106 ASTESS MICHAELS COTTAGES (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES 217-12-8262 EVELYN C. KEMP ST. MICHAELS, MARYLAND 21663 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY NEV monis month IMMEDIATE CAUSE (a). PRESTON ST. DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. DIVISION OF VITAL RECORDS. CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (this haspital) attended, the deceased fram saw the deceased alive an and that in (my) (aur) apinian death accurred an the date and have and from the causes stated and not wew the bady after-death 22b. SIGNATURE 77c DATE SIGNED DEGREE ATTENDING PHYSICIAN PHYSICIAN THE PHYSICIAN'S NAME LITTLE OF FRIE 22e ADDRESS MPORT. 70 236 BURIAL, CREMATION, REMOVAL 236. DXJ 23¢ NAME OF CEMETERY OR CREMATORY BURIAL WOODLAWN MEMORIAL PARK EASTON TALBOT MARYLAND 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4)



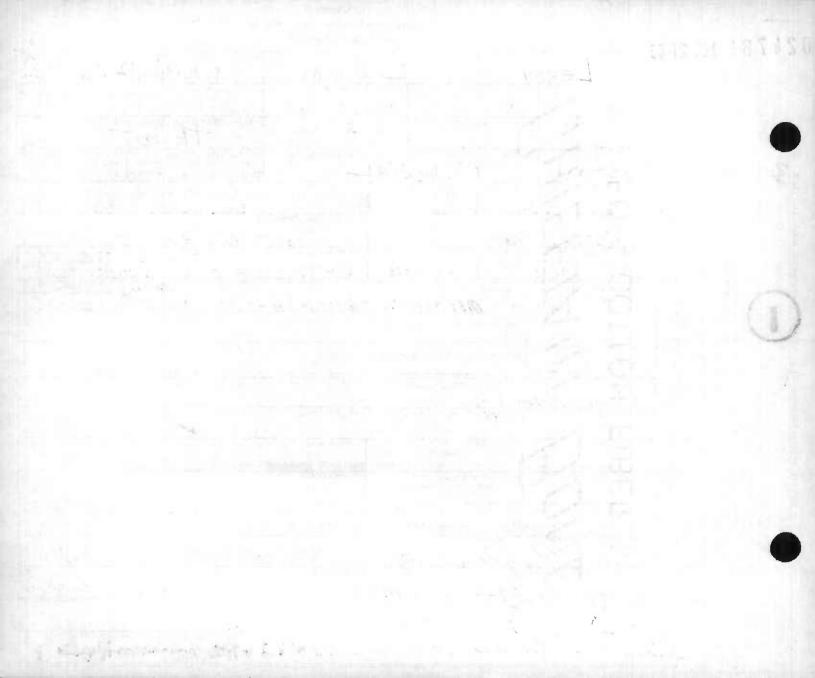
Bath A 1700 of Miles of the Land of the Control of



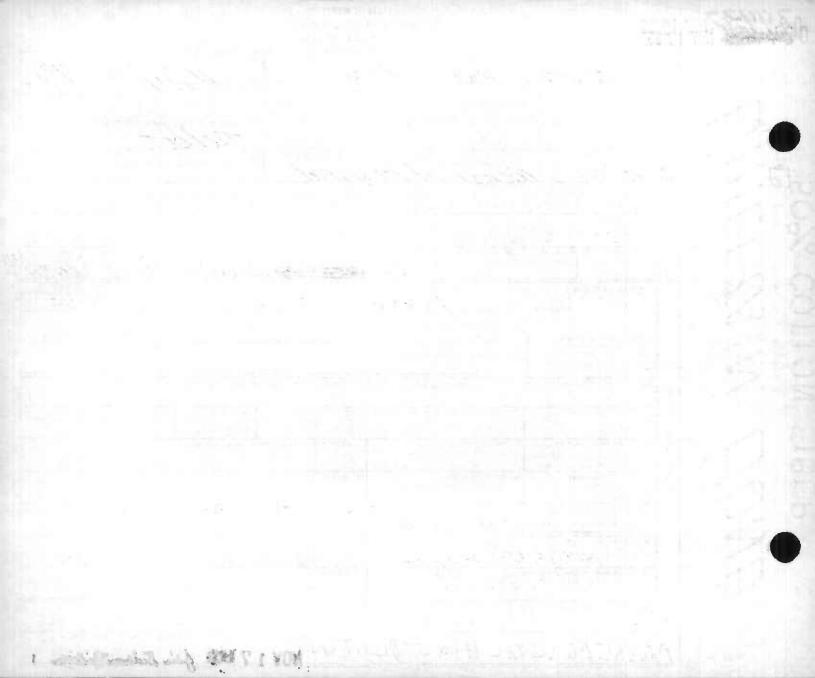
25809 DEC	1.	FOR		DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL HY	GIENE & O	3 3 0 9 5
12 Joug Let	-	STATE REGISTRAR			IFICATE OF DEATH	REG. NO.	
e 7 =	I DE	R PRINT)	Margaret	Dauline	Lane	20 DATE OF DEATH MONTH	22 86 1 4 P M
noy b	3. SE		-ARET 1	IS DAT	E OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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244327 INV	ys.	FOR SPATE DEGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO	9 /
s 4 moy be tor. poge 3 offer deoth		CEASED NAME FIRST (OR PRINT)	tha May Legy 1. RACE S. DATE SHITH 6 AGE (IN YEARS LAST BIRTHDAY)	HOUR 919/m 124822145
ge 4 ector rrs off		Female	Caucasian March 26, 1911 75	JURS MINL
deoth. Pode thin 72 hou	M	RTHPLACE ISTATE OR FOREIGN COUNTRY) aryland	U.S.A. MARRIED NEVER MARRIED TOTAL	MD.
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			y one cause per line for (a), (b),		Ms. Elizabet	th Lederer	Hillsboro, N	ATE INTERVAL
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				1 10		Inquiry .		
CATE STATE S			e of the remains described above				and in my opinion	
ME HE SE		death resulted from: Natur	ol causes Accident	, Suicide		Undetermined manner		
ICAL EXAMINE SHOULD BEATH, WITTER, MARY		ACTUAL I POSSO	2 / Martin	0	TITLE (SPECIFY)		DATE 11-7	11.
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ony ii	CERTIFICATION	190 DATE OF OPERA	TION	196. COND	ITION FOR WHIC				20a AUTO	20b.	IF YES, WERE	FINDING	USED
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5.		220 I certify that	ALC: TRAIL OF STR		111		nd that in my	(our) opinion	death accurred	on the date or	nd how and f	om the cou	ises stated
B 2		obove VID well to 27h SIGNATURE	fide (did no	tiview the body	after death.	-	DEGREE					c. DATE SK	
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toy be	(TYP)	CEASED NAME FIRST Edward	I.	m	115	20. DATE OF DEATH MONTH	1986 1:15 AM
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O HOSPI House b House be Hithe S		19 ATTY C	AND PAGE	620,140	P.O. Bu	x660 Dens	ton Md 2629
BP	230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	11/8/86		emetery or Crematory Legion Cem.	23d LOCATION CITY OF TOWN Crisfield	Somerset Md.

PA FUNERAL DIRECTOR NAME Bradshaw & Sons Crisffeld, Md. 21877

DHMH - 16 60M 7/84 (VRA 15, 4)

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PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE ,19_8.0 , and that ir (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL 11-12-86 PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Easton, Md. 21601 Robert W. Trever, M.D. Box 297 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 11/15/86 Spring Hill Cemetery Easton 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Newnam Funeral Home Easton Maryland (VRA 15, 4)

STATE OF MARYLAND

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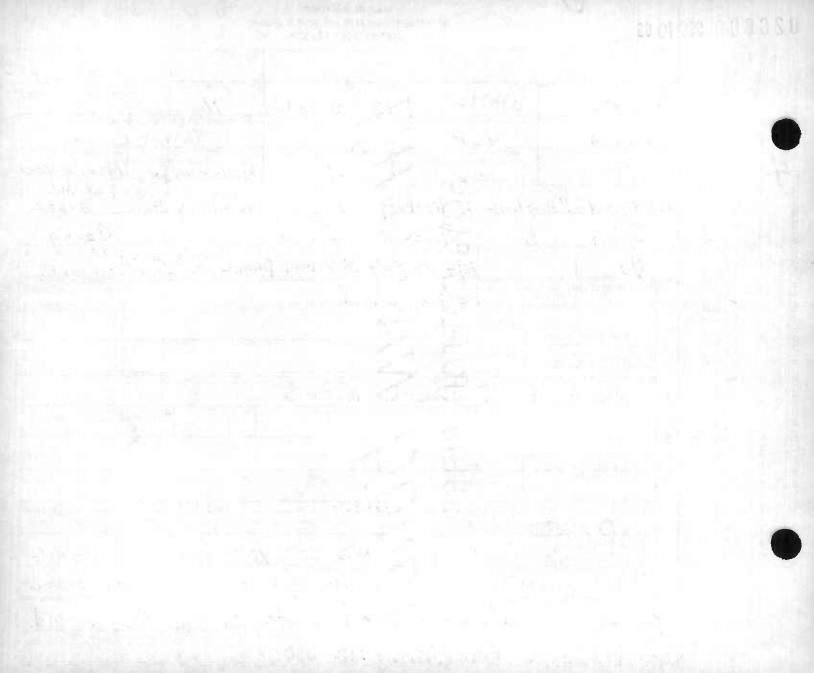
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BP	230. E	URIAL, CREMAT		12/2/86	Hillcrest Cen	netery Tel	exals due	CATOLINE GISTRAR'S SIGNATUR	Mid.
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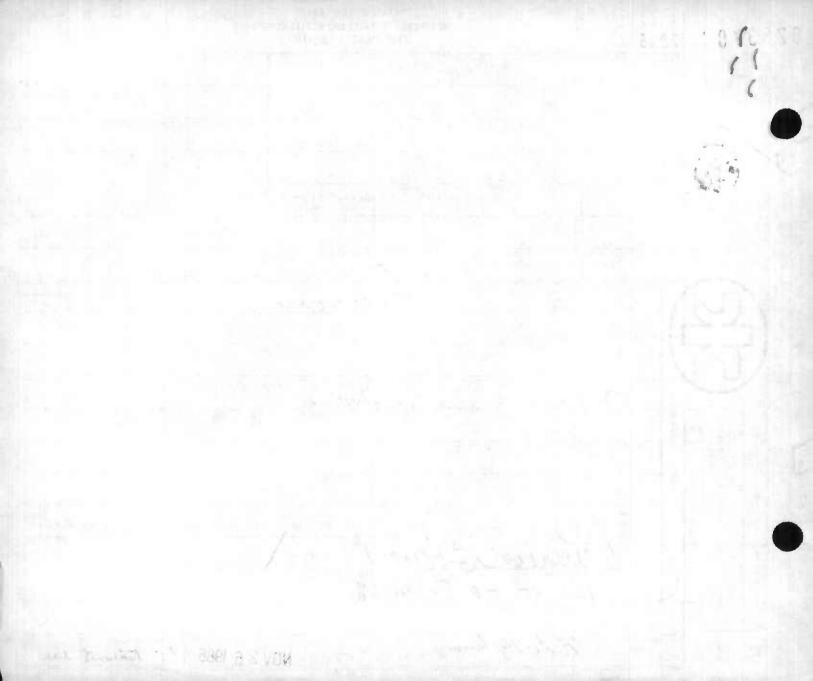


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE REGISTRAR CERTIFICATE OF DEATH REG. NO MIDDLE 2a DATE OF DEATH DECEASED NAME 26 HOUR TYPE OR PRINTS Amelia Phipps Hazel November 24, 1986 A AGE LIN YEARS LAST BIRTHDAY 4 RACE 5 DATE OF BIRTH Female White July 1902 84 YRS BALTIMORE CITY OR COUNTY OF DEATH RTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland Talbot WIDOWED DIVORCED ITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! Easton Meridian - The Pines Homemaker Own Home Easton, Md. LEUAL RESIDENCE (IF NURSING HI 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Glen Burnie 204 5th Ave. S.W. 21061 A A Co. Marvland DEATHER'S NAME 15. MOTHER'S MAIDEN NAME Godfrey Grill Elizabeth Alt 17 INFORMANT (Son) 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 514 Manor Road I IF YES, GIVE WAR OR DATES) 216.03.9154 Mr. Lawrence C. Phipps, Jr. Glen Burnie, Md. No 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and PART I, DEATH WAS CAUSED BY vermonia IMMEDIATE CAUSE (o), DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) WHILE NOT WHILE 220.1 certify that it (this (ispital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated not view the body after death 22c. DATE SIGNED MEDICAL ATTENDING DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS 23d LOCATION 231. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL Elkridge Mã". Burial Nov 26, 1986 Meadowridge Mem. Park 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Glen Burnie, Maryland Singleton Funeral Nordon Rondall

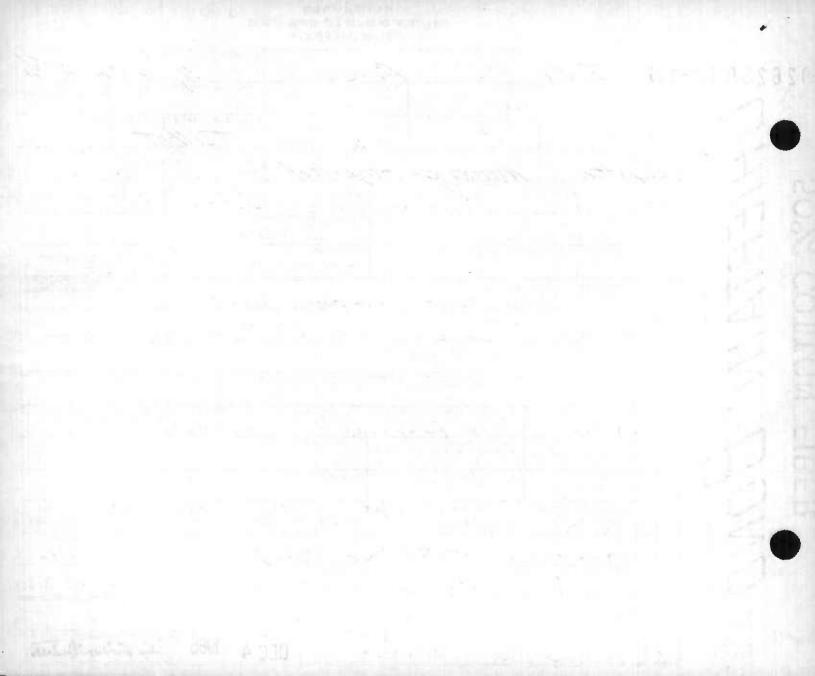
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07/84 BP		urial	YOR	11-10-86		Greensbo	ro (Cemet	ery		eensbord) (CA	MD
DHMH - 17		NAME		ADDR					NOV '	1 7 4	1986 July	REGISTRAR'S	SSIGNATURE	Ni.
(VR A15 ME (5))	1	onn E.	Boulais	Gree	ensbo	ro, MD			ITU V	10	1300.			

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	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	3, 08
2625% DEC-	1. DECEASED NAME FIRST	Marie	Cast Cast	In DATE OF DEATH MONTH	26 HOUR 5/
1 CO & Jan DEC	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST THIDAY)	FUNDER TYPE IN IF UNDER 24 HRS
rs office.	Female	White	Dec. 13, 1912	73 yes	HOURS MIN.
eoth. Poe	70 BIRTHPLACE (STATE OR FOREIGN KEPPttryCo. Md.	76. CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY	Y OF DEATH MD.
s ofter d	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Home Maker & So	IZE KIND OF BUSINESS OR HOUSTRY Chool Board Employ
ND 212	USUAL RESIDENCE (IF NURSING HOM 130. STATE 134. CC Maryland K	ent Chester Con other institution, give residence sero County 13c. CITY OR TOV Chester	WN 13d INSIDE CITY LIMITS?		Chestertown, Md
BALTIMORE, MARYLAND cote be executed within 24 ystcion and completely fille opers. Pages 1 and 2 should you. 11, thregnedical examinerm	M. FATHER'S NAME	A, Miller	15. MOTHER'S MAIDEN N Lena Atk	AME	LAST
be execute on ond con safety for the	160. WAS DECEASED EVER IN U.S.			Harris ADDRESS 202 Ches	Richard Drive tertown, Md. APPROXIMATE INTERVAL BEITWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAM: The low requires that the death certifications of the this certificate has been signed by the ottending phase the burial-transit permit. Then please remove corband the and Mental Hygiene prior to burial, cremotion, or removed or lem 18 states only injury, or other traumatic every		DUE TO, OR AS A CONSEOU	ie Myocardial	Zn forch on	
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TTEND or Spirol or Spirol or CTOR: A for use of Heal of Heal		ospital) attended the deceased from on 11/29 64 19	ond that in (our) opinion	n death occurred on the date and had	19, that (I) (we) lost ur and from the causes stated
the hard OR detoched of Deports of Tr. If the	27b. SIGNATURE	p. Volatel	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/29/14
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BP	230 BURIAL, CREMATION, REMOVE	12/2/1986 St	NAME OF CEMETERY OR CREMATORY till Pond Cemetery	Still Pond, M	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR	ADDRESS	Willis Wells stertown, Md.	ATE REC'D. BY REGISTRAR 256. REGIS	



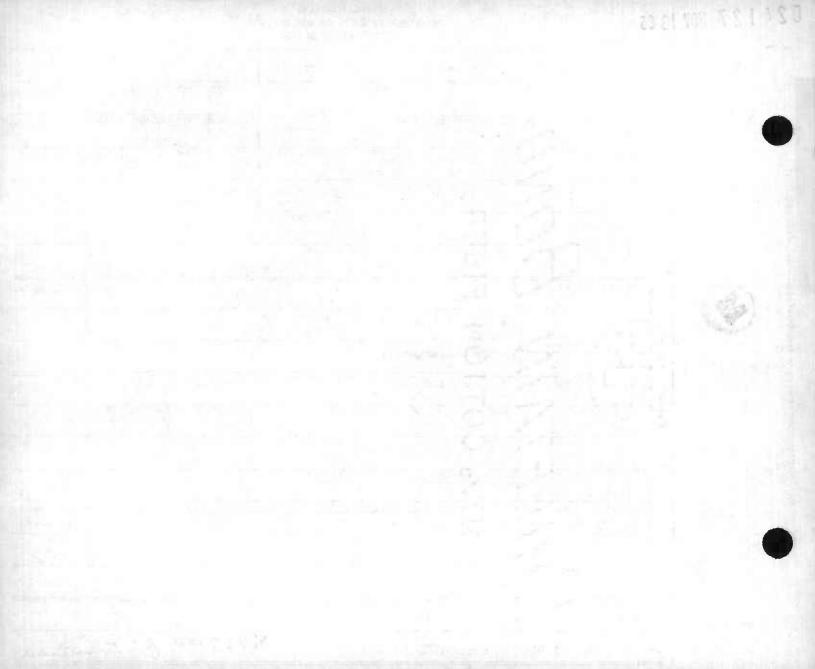
/	,	FOR			TE OF MARYLAND HEALTH AND MENTAL	HYGIENE 3 0	3 3	1 0 9
EC +2	85	STATE REGISTRAR		CERTI	FICATE OF DEATH	REG. N	10	
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	3. SE	X	4 RACE	S. DATE	OF BIRTH	6. AGE (IN YEARS LAST BI		YEAR IF UNDER 24 HRS
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-	-	urial	11/26/86	Junior	Order Cemet		Caroli	
7/84		UNERAL DIRECTOR		ADDRESS		DATE REC'D. BY REGISTRAL	25b. REGISTRAR'S SIG	NATURE
)	N	ewnam Funeral	Home East	on, Maryl	and IN	NV 2 8 1086	· ~ .	. A



			STATE OF MARYLAND	8 0	33110
	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	
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-		CPASED NAME FIRST	MIDDLE LAST	20 DATE OF DEATH	ONTH DAT EAR 25 HOUR
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age lirec	7 0	IRTHPLACE (STATE OR FOREIGN 7h	2 28 06	9 BALTIMORE CITY OR	YRS.
P. P		IRTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	BALTIMORE CITT OR	COUNTY OF DEATH
deot uner deot		Vrt.	U.S. WIDOWED DIVORCED	10/0	OT
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T E	USU	AL RESIDENCE (IF NURSING HOME OF OTI	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	1 PICTIRCA	21//2
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d co		WAS DECEASED EVER IN U.S. ARME		ADDRESS	
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gned n ple burio ry, or		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDI	TION GIVEN IN PART 110
sig Then to b	Z				
w re nit ee	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	70b. IF YES, WERE FINDINGS USED
ne pin	F				IN CERTIFYING CAUSES OF DEATH?
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Or or of the olth		- /5	ottended the deceased from 11/16 19 66	10 11/10	10.86
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R ATT hospit IRECTC hed fo ept. of them 2		above ffp(we) filid Adid not) v	new the body after death.	deoin occurred on the dote	
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etoined by TO FUNERAL should be de with the Stotl		Ludwig V. L			777 2760/
	230	BURIAL, CREMATION, REMOVAL	236 DATE 231. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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DUMB 14 40M 7/0:	24 F	UNERAL DIRECTOR ^			L REGISTRAR'S SIGNATURED
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Anni Stranick, And BOST S. O. 4 24

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nay be page 3		CEASED NAME FIRST DOT:		ights	R	eichar	d	26. DATE OF E	DEATH MON	12		8:30
a moy	3 SE	Female	4 RACE White	Э	5. DATE OF	BIRTH DAY 25	YEAR 91	6 AGE (IN YEA	RS LAST BIRTHDA		UNDER I YEAR	IF UNDER 24 HR
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	3. SE	X	4. RACE	TITLE	5. DATE C	Pintin.	6. AGE (IN YEARS LAST BIRTH	DAY) IF UN		UNDER 24 HR
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pon sa sol	U5U.	AL RESIDENCE (IF NURSING HOME STATE 135. CO	OR OTHER INSTITUTION	13c. CITY O	CE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE		
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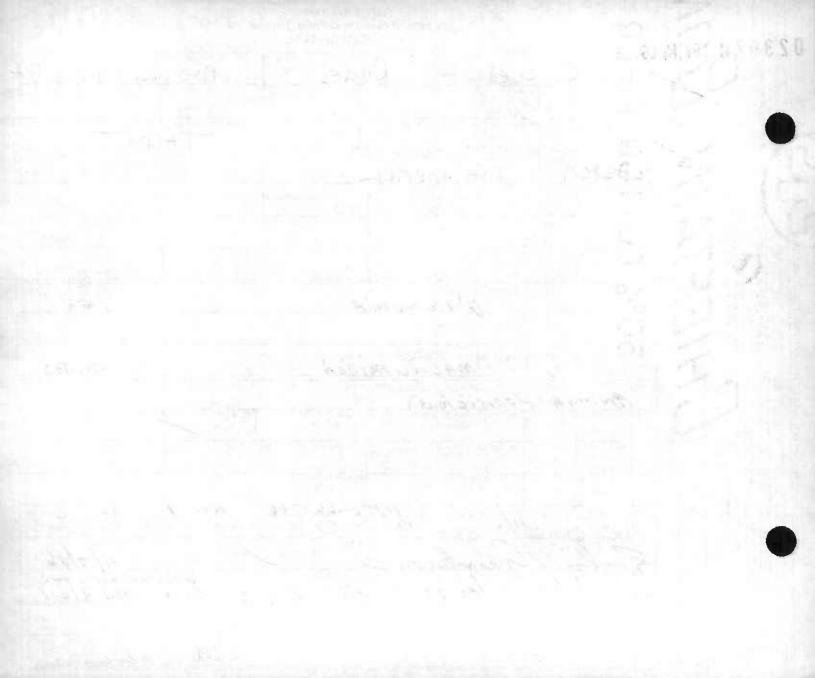
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1	1. SEX 4.	RACE	5. DATE OF	BIRTH YEAR	6 AGE INYE	ARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN.	
	Male	Whit	05	08 11		7.5 YRS	s	
1	78 BRITHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMOI	RE CITY OR COUN	TY OF DEATH	
2	Maryland	U.S.A.	WIDOWED	DIVORCED		TAU	PO (MD	
2	CITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSIN (IF NO IN SUCH FACILITY, GIVE STREET 		OTHER INSTITUTION		OCCUPATION FOR MOST OF WORKING	12b KIND OF BUSINESS OR INDUSTRY	
1	CHSTON	memore	MA		Well	<u>driller</u>	Artesian well	_
Ĺ	U-UAL RESIDENCE (IF NURSING HOME OR OT	Y 13c CITY OR TOW	N 1	134 INSIDE CITY LIMIT		DDRESS / ZIP CC		
/	Maryland Talb	oot <u>Easton</u>		YES (X) NO		Washingt	ton St 21601	_
1	1/	IDDLE LAST		15. MOTHER'S MAIDEN		MIDDLE	LAST	
C	Roland L	. Rude ED FORCES? 1466 SOCIAL SECU	DIT V VIO	Lillia	n	B.	Mitchell	_
1	(YES, NO OR UNKNOWN) (IF YES, GIVE W	WAR OR DATES)					105 5 1 110	
Q.	yes WW II	1		Donna R	<u>Kostens R</u>	D 3 ROX	105 Easton MD	=
3	8 CAUSE OF DEATH (Enter only PART). DEATH WAS CAUSED	BY:	. 4				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	-
	IMMEDIATE	CAUSE (a)	DONL	4			1 WK	-
		DUE TO, OR AS A CONSEQUE	ENCE OF					
۲	Canditions, if any, which gave rise to immediate	(b)	_					-
	cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE		-1			months	
			WIR					=
	PART 2. OTHER SIGNIFICANT CO	Dentis	DEATH BUT N	TOT RELATED TO THE	TERMIN AL DISEASE	OR CONDITION (GIVEN IN PART Tra	
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	20g AUTO	PSY? 20h IE	YES, WERE FINDINGS USED	Mile
Z	8	1			YES 🗔	NOT	RTIFYING CAUSES OF DEATH?	
ē	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OC				p (tr
f			AY YEAR					
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY		211 LOCATION				-
	WHILE NOT WHILE D	(AT HOME STREET, FACTORY, OFFICE F	ARM ETC)	STREET		CITY OR TOWN	COUNTY STATE	
	22a.1 certify that (1) This hospital	al) attended the deceased from_	SCPT	combon 19 1	86 to A	017		-
	saw the deceased alive an_	11/6	86_, and	that in my (our) opi	nion death accurred	an the date and I	hour and from the couses stated	
	above 1) we did (did not) v	view the body after death.	DI	EGREE			220 DATE SIGNED	-
	1 2 mal 1	Li Vander	- 11	ATTENDIN PHYSICIA		STAFF PHYSICIAN	11/7/86	
	77 PHYSICIAN'S NAME INTON	- James	10-6	22e ADDRESS	J Dinterior (hmans Lane	-
1	Ludwill J E	1/18 den III	an	RT3 R	or Inc	GASTON	md 2/60/	
	23a BURIAL, CREMI TON, REMOVAL		NAME OF CE	METERY OR CREMATO	ORY 23d LOCA		10 01001	=
	Burial	11/10/86 0	cford (Cemtery	0xfo	rd 7	Talbot MD	

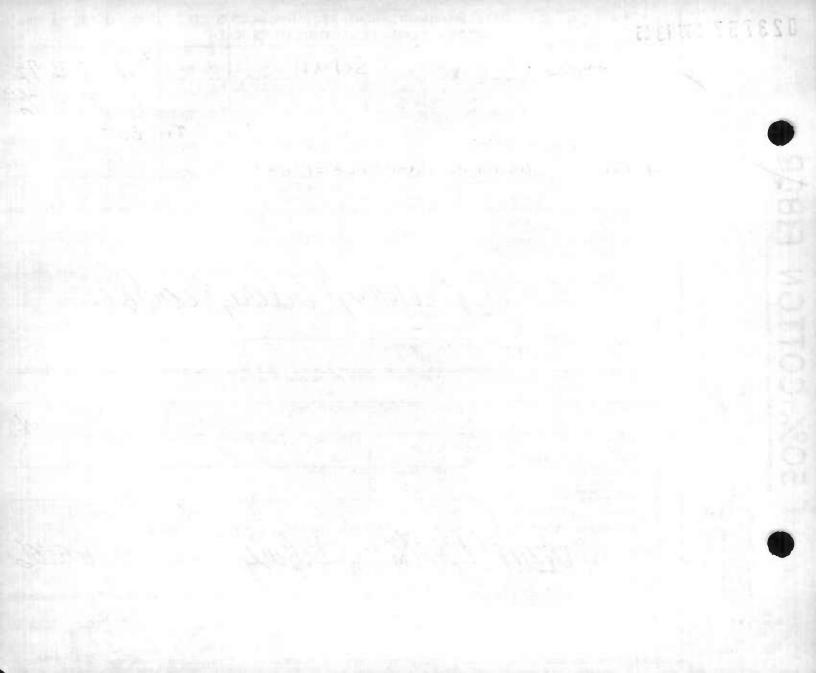
DHMH - 16 60M 7/84 (VRA 15, 4)

Newnam Funeral Home Easton MD 21601

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE NOV 1 3 1986 Julia Davidon D.



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90	AND STORY	1 160.	WAS DECEASE					SECURITY NO.	III. INFORM	AANE		ADDRES	Dui	rgess	
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EST	NA THE OW		Conditio	ns, if any, v		DUE ME, CAN	AS A CUNSE	JUENCE OF			1				
2	FEEE SEE		gave ri	se ta imme	diate)	(b)									
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8	A P B C B C B C B C B C B C B C B C B C B	1.		GNIFICANT COND	TIDNS CONTRIBE	UTING TO DEATH I	OUT NOT RELATED	TO THE TERMINAL DI	EASE OR CONDITION	GIVEN IN PART	1 102				
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	3. "02.	3	190. DATE OF	OPERATION		19b. CONDIT	ION FOR WH	ICH OPERATION	WAS PERFOR	MED?			20	AUTOPSY?	
DIVISION OF VITAL	いつつきドコ													YES 🗌	NO
O.F.	A HE WENTER	- U	21a. EXTERNA	AL CAUSE WA	S	21b. TIME OF	MONTH DA	Y YEAR 21	HOW INJURY	OCCURRED	(ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)		1
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VISI	CERTIFO TING DED TO 3 SHO DEPAI	ED	21d INJURY				OF INJURY (AT HOME, 211	LOCATION		CITY OR		and a		STATE
۵	WRITE (GE VIE CO)	>	AT WORK	NOT WHILE		SINCE!, FACT	ORT, FARM, ETC.)	4	STREET		CITOR	IOWN	COUNTY		STATE
	VER: THIS CER CATE, WRITING FORWARDED OR: PAGE 3 SI HE STATE DEP (ND, 21201 PR		22- 1	1.1.1	36 ab	e remayA desc	other delice			1	071	K			7.33
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	SHO	92	SIGNATURE	10	tett	100	THE	47	M.D. A/T	HMA	MEDICAL EX	AMINER	SIGNED		40
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	TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH	72-	BURIAL, CREMA					AE OF CEMETER	ADDRESS						
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07/84 25M	BP		FUNERAL DIREC	TOR	11/	0/00	John	ing iiii					ISTRAR'S SIGNAT		
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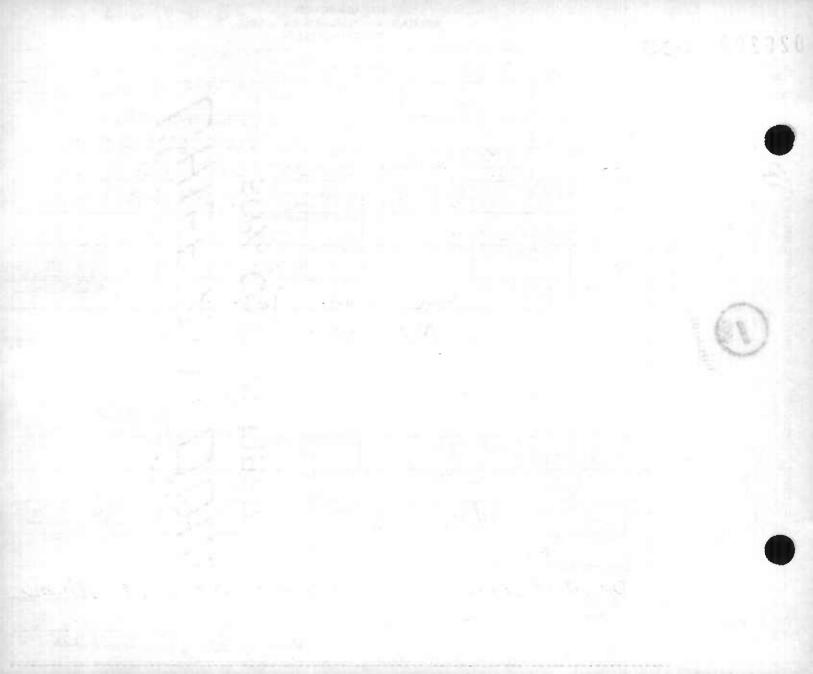




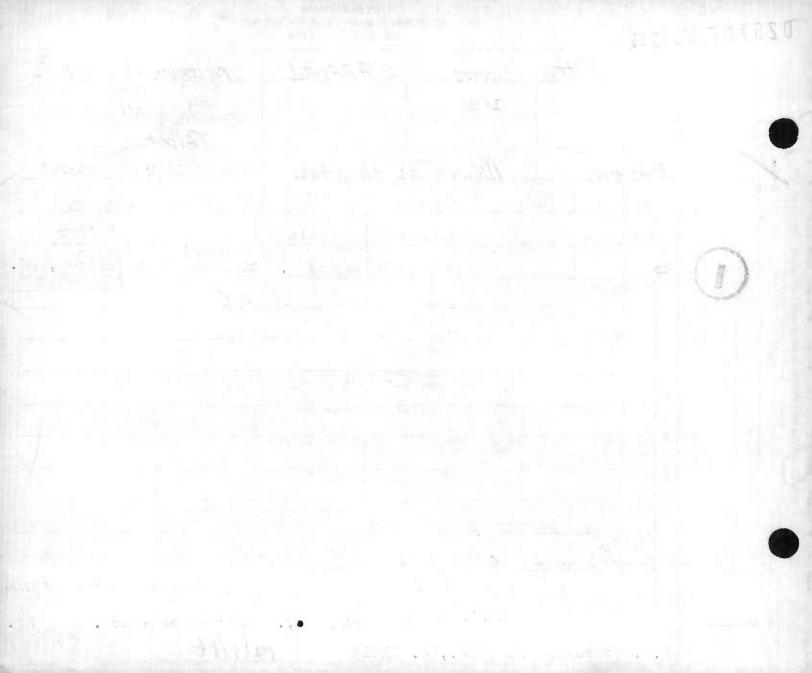
1 2 5 NOV	318	STATE REGISTRAR		DEPARTM	ENT OF HEALTH AND N		NE REG. NO.		
			R51	MIDDLE	LAST	20	DATE OF DEATH MO	INTH DAY YEAR	26 HOUR
poge 3	1	HU	BERT C	aldwell	SMITH	,	NOVER	TIER 10 1986	9:00 P
moy po de de de	3. SE		4 RACE		5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTHDA	MONTHS BAYS	
death. Page 4 may		Male	White	e	06 30	01	85	YRS.	HOURS MIN
P. P. P. P.	70 B	IRTHPLACE (STATE OR FOREK	3N 7b. CITIZEN OF	WHAT COUNTRY?	MARRIED X NEVER M	AARRIED 9.	BALTIMORE CITY OR C	OUNTY OF DEATH	
Jun 7.		Canada	U.S.A		WIDOWED DIV	ORCED	Talbot		Α
ted the ted	1	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	HOME OR OTHER INST	(1	Type of work for most of we		OF BUSINESS C
T T T T T T T T T T T T T T T T T T T		Easton		BOX 86			Executive	Steel	Indust
filled in	130.	Maryland	Talbot	13c. CITY OR TOWN Easton	13d INSIDE CI		RD 1 Box 86	21601	
within	14 F/	ATHER'S NAME	WIDDLE	LAST		MAIDEN NAME	MIDDLE	1/	SI
\$ \$ COL		Lewis	Allen	Smith	He	len	Н.	Cal	dwell
recur		WAS DECEASED EVER IN U	J.S. ARMED FORCES? YES, GIVE WAR OR DATES!	166. SOCIAL SECUR		NT	ADDRESS		
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requires that the signed by the Then please removed for the principle of the finding, or other the finding, or other the finding of the findi	NOI	underlying couse le	the DUE TO, Cost. (c)	NEURO	EATH BUT NOT RELATED	ENGEST	Ca .	ION GIVEN IN PART 1	URE.
on. hos been to permit. I permit. I ene prior ows ony ii	CERTIFICATION	19a DATE OF OPERATION	1 19b. CONE)ITION FOR WHICH (OPERATION WAS PERFOR	RMED		OL IF YES, WERE FIND N CERTIFYING CAUSE	NICE LICED
	1 2	210. ACCIDENT WAS UNDERLY		25 12 11 1511		1	YES NO	YES	
YSICIAN: TI	1.4	OR CONTRIBUTING CAUSE	E OF DEATH HOUR A	A.M. MONTH DAY	Y YEAR 19		YES NO		S OF DEATH?
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PHYSIC ending this cer the burio of Ment d or the	1.4	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALE) 21d. IN JURY OCCURRED WHILE NOT WHILE	E OF DEATH XAMINER) 21e. PLACE (AT HOME, S) s hospital) ottended (A.M. MONTH DAY P.M. OF INJURY IREET, FACTORY, OFFICE, FAI the deceosed from	Y YEAR 19 211 LOCATIO STREET	, 19	ENTER NATURE OF INJURY IN	COUNTY 19 ond hour ond from the	SOF DEATH? NO STATE
OR ATTENDING PHYSIC he hospital or attending DIRECTOR. After this certain cocked for use as the burion Dept. of Health and Memilies of the Bridge of Health and Administration of the Health and Admin	1.4	OR CONTRIBUTING CAUSI (IF EITHER, NOTIFY MEDICALE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220 certify that (1) (this sow the deceosed a above, (1) (we) (did), 22b. SIGNATURE	E OF DEATH XAMINER) 21e. PLACE (AT HOME, S) S hospital) attended (A.M. MONTH DAY P.M. OF INJURY IREET, FACTORY, OFFICE, FAI the deceosed from	Y YEAR 19 211 LOCATIO STREET Ond that in my DEGREE T D * A	., 19	CITY OR TOWN	COUNTY . 19 ond hour and from the	SOF DEATH? NO
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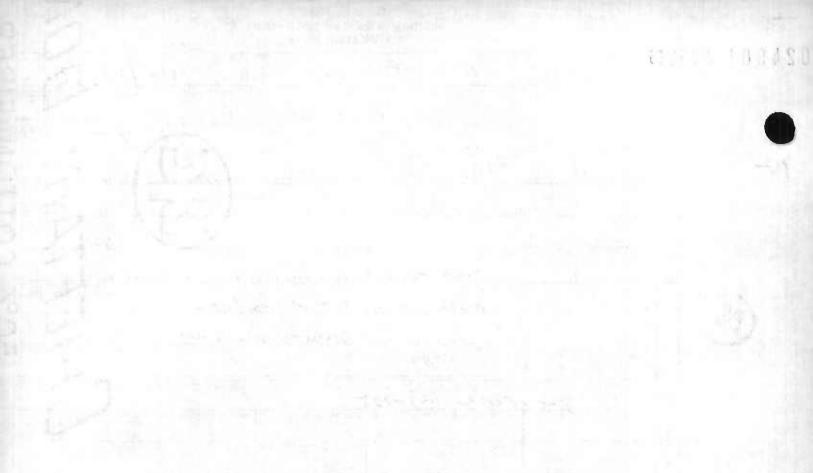
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BOND NOT STATE	ctor.	female		white	08-24-1902	2 ^{YEAR}	84	YRS	NIHS DAYS	HOURS MIN
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In Fathers Name In Fathers	ND 213	13a. STATE	13b. COUNTY	13c. CITY OR TO	WN 113d INSIDE CITY	LIMITS? 13e S	TREET ADDRESS / Z	rip cope at Dr.	ive/20	747
18. WAS DECEASED EVER IN U.S. ARNED FORCES? 18. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 17. INFORMATION ADDRES	MARTIA de seither	14. FATHER'S NAME FIRST				AIDEN NAME	MIDDLE			
18 CAUSE OF DEATH letter only one course per line for 101, (b), (b), and (c)	MORE, revecute to and co Pages, Pages, 1	(YES, NO OR UNKNOWN	ER IN U.S. ARMED	FORCES? 16b. SOCIAL SE		arvann S	ADDRESS		tville	. MD
OCONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19	RDS, 201 W. PRESTON requires, that the death of the please remember. Or rebuild, committee.	gove rise to couse (0), st underlying co	immediate ating the lost.	(c)	OUENCE OF	1		TION GIVEN	IN PART 110	2,
OCONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19	At RECO	19a. DATE OF OPE	RATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMI		1	N CERTIFYI	NG CAUSES	OF DEATH?
BP	MESAN G physic outflects indiction and the	OR CONTRIBUTION	CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR	RY OCCURRED (ENTER NATURE OF INJURY II	NITEM 18 PAR	T 1 OR PART 2)	
22a. I certify that (I) (this haspital) attended the deceased fram sow the deceased olive on above, (I) (we) (did) (did nat) view the body after death. 27b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 27c. ADDRESS PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 27d. PHYSICIAN, REMOVAL PHYSICIAN DIRECTOR	MVISION offerthat the that hand Murked or	21d. INJURY OCC					CITY OR TOWN		COUNTY	STATE
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	TTENDII ptul oi TTOR A for use of Healt				. 1	19, 1 r) apınian death	occurred an the date	and haur c	ind from the	that (I) (we) last causes stated
DR. M. Mostmal 230 BURIAL, CREMATION, REMOVAL 12-02-1986 12-02-1986 12-02-1986 130 DATE 12-02-1986 131 CREMATORY 130 DATE 130 DATE 12-02-1986 131 CREMATORY 130 DATE 130 DATE	At DRE And DRE detached detached		M.	ME	ATTE	ENDING ME	DICAL STAFF	иП	22¢ DATE	SIGNED
BP	D HOSPIT Carried by Deliver Poold be-		6m		22e ADDRESS		Ae, 76	em06	Hels	6, mp
24 FUNERAL DIRECTOR 1 SM DATE REC'D, BY REGISTRAR'S SIGNATURE	BP	230 BURIAL, CREMATIC (SPECIFY) Buria	N, REMOVAL 23		NAME OF CEMETERY OR CREA	MATORY 23	CITY OF TOWN	nd /	Allegar	STATE MD
(VRA 15.4) James F. Scarnelli Cumberland MD 21502		NIA 44E		ADDRESS	1	ECOX				



1257	97 DF	1	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
201	3 / UEI	-	STATE REDISTRAR								
	m 5		CEASED NAME FIRST	MIDDLE	LAST	, 2	DATE OF DEATH	MONTH DAY	YEAR 2b. I	HOUS	
be .	poge 3		Offo	Avery	STAFFOR	Rd.	Novem	ber 27	1986 1	AM	
ě.	Por	3. SE	X 4	RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRT	HDAY) IF U		NDER 24 HRS	
4	of o		MALE	Black	MONTH DAY YEAR		84 YRS-		AONTHS DAYS HOURS MIN.		
2	100		IRTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MA	APPIED 7	BALTIMORE CITY O	COUNTY OF	DEATH		
9 1	12/27		COUNTRY	USA		ORCED	TAL	bot		MD.	
	1 1000	10. C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTIT		20 USUAL OCCUPATED		125. KIND OF BU	SINESS OR	
1	17 /8	Ĕ	EACHIN	Illemoria	1 Hospita	U V	Vell Dril	ler	Retir	red	
1 0	1705	USU	AL RESIDENCE (IF NURSING HOME OR COSTATE 136. COUNT	THER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	www.mco lu	CTDEET ADDRESS	7:0 0005			
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2	121	14. E.	ATHER'S NAME			MAIDEN NAME		1 0	191)		
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977	-	160	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166. SOCIAL SECU			ughterogre	SS	07/72		
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2	14 4	140		10×11101	Dirigina	4 130 0		11	APPROXIMATE BETWEEN ONSET	INTERVAL	
	87		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY:	0100	1			BETWEEN ONSET	AND DEATH	
20	B00		IMMEDIATE	CAUSE 10) Constitution	esperienz	NM	est				
#	9000			DUE TO, OR AS A CONSEQU) ////	7	-				
- 6	400 moves		Conditions, if any, which gove rise to immediate	(b) 115per	vien V/	num	rences				
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2	0000	z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED T	TO THE TERMIN	AL DISEASE OR CONE	ITION GIVEN	IN PART Ita		
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.0	1 1 1 1 0	15	190 DATE OF OPERATION	1% CONDITION FOR WHICH	TOPERATION WAS PERFORMED		IN CERTIFY		S, WERE FINDINGS USED FYING CAUSES OF DEATH?		
2.5	44664	. ₫			In name		YES NO	YES [_	0 🗆	
N. S.	33190		2 to. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	215. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR	URY OCCURRE	O (ENTER NATURE OF INJUR	TINITEM 18 PART	1 OR PART 2)		
3.8	1111/	₹	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19						
20	サラス か	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	ARM, ETC.) 211 LOCATION	N	CITY OR TO	VN	COUNTY	STATE	
95	the state of the s	1	AT WORK AT WORK								
2 4	4 4 5 6		22a.1 certify that (1) (this hospita			. 19	, to		, that	(I) (we) last	
ATTE	for of to		sow the deceased alive an obave, (I) (y/e) (did) (did nat)	view the body ofter death.	d that in (my) (c	our) opinion de	oth occurred on the do	te and hour or	nd from the cause	es stated	
OC E	DIRECTOR DIR		276. SIGNATURE	1)	DEGREE				224 DATE SIGN	NED	
AL O	0		(It unes	(everyen	MUAT	TENDING HYSICIAN	MEDICAL STAF	F IAN [11/27	186	
SPIT.	old be den	1	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS				1110011		
HO	Should be do with the Stot		16	evanuel /	de	maa 1	and Ora	mes 8	aston	MALL	
o de	Sh Sh Sh	73e	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CR	PEMATORY	23d LOCATION	-		1000	
BP_			(SPECIFY) Burial	12/2/86			CITY OR TOWN		OUNTY	STATE	
DP_		74 F	UNERAL DIRECTOR	100	hn Wesley		Linas Ro		or .	Md	
	- 16 60M 7/B4		.H. Boardley	ADDRESS MA	21612		1,166	AN MEGISTRAN	N O SIGNATURE		
(VR	RA 15, 4)	1	.u. Doardrey	./ II Camb., Md.	CT0T2	13	11110				



2		1.	FOR STATE REGISTRAR			DEPA	RTMENT OF	E OF MARYLAND BEALTH AND MENTA FICATE OF DEATH		G G REG. NO.	3 3	1 1 7
249	O NOV 2			EW/S	RACE	A	TA	4LOR DE BIRTH		TE OF DEATH MONTH	12-86 IF UNDER I YEAR	
4	s offer.	m	ale		Negro		MONT		3	73 yr	MONTHS DAYS	HOURS MIN.
	uneral dire	M	IRTHPLACE (STATE OR COUNTRY)	- /	CITIZEN OF	WHAT COUNT	RY? 8 MARRIE WIDOW	D NEVER MARRIE	X 9 BAL	TIMORE CITY OR COU	UBO T	MD.
10	n by the fe filed with	1	PASTON AL RESIDENCE (15 NURS	1	(IF NOT IN EU	184012	REELADDRESS)	LOS PITTAL	(TYPE O	SUAL OCCUPATION OF WORK FOR MOST OF WORK! Clerk	NG LIFE) INDUSTRY	Postal Ser.
LAND 21	should b	N	AL RESIDENCE (IF NURS STATE laryland ATHER'S NAME	Caro		Greens	_	13d. INSIDE CITY LIM YES X NO [□ Ma	REET ADDRESS / ZIP C aple Village	CODE	21639
, MARY	omplete ond 2	1	Lewis WAS DECEASED EVER	E		Tay	/lor	FIRST Edit		ADDRESS	Myer	'S
TIMORE	s. Poges		YES, NO OR UNKNOWN	(IF YES GIVE W		146-12		Elaine M.	Taylor		sboro, M	
T., BALTI			18 CAUSE OF DEAT PART I. DEATH W	AS CAUSED I	BY:	mulf.		system	fail	lura	APPRO BETWEEN	XIMATÉ INTERVAL I ONSET AND DEATH
S, 201 W. PRESTON ST	grad by sn State bund cr	7	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									10
DIVISION OF VITAL RECORDS,	hos been si permit The ene prior to	CERTIFICATION	19a DATE OF OPERA	SAM	196 CONE	DITION FOR WH	ICH OPERATIO	ON WAS PERFORMED	20a YES		F YES, WERE FIND ERTIFYING CAUSE YES	
N OF VITA	ding physicis s certificate ourial-transit Mental Hygi	MEDICAL CER	21a. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CALEXAMINER)	P	.m. MONTH	DAY YEAR	Per Line	OCCURRED (EN	ITER MATURE OF INJURY IN ITEA	M 18 PART : OR PART 2)	
DIVISION	de de p	MED	214 INJURY OCCUR	ILE D		OF INJURY TREET, FACTORY, OFF	ICE, FARM, ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	the hospital and to the hospital and to the hospital and the a		22a.1 certify that (I) saw the deceas above, (I) (we) (- 77b SKONATURE	ed olive on	BF	value days		DEGRE ATTEND PHYSIC	pinian death or	ccurred on the date and	hour and from the	, that (I) (we) last e couses stated E SIGNED
CH CL	FUNE FUNE buld be th the S	72-	22d. PHYSICIAN'S N. 7 - 4 BURIAL, CREMATION,	9. VAI	23b. DATE	é	DI NIAME OF	720 ADDRESS 727 C	mme	iree or	Eastor	V MD
	BP	E	Surial	REMOVAL	11-15			Cemetery		reensboro	CA	STATE
Di	HMH - 16 60M 7/B4 (VRA 15, 4)		ohn E. Bou	ulais		Greensh	oro, M		DATE REC'D	BY REGISTRAR 25b. RE	GISTRAR'S SIGNA	TURE



ALL STREET

026	7 5 0 000		FAR		D			ARYLAND AND MENTAL H	YGIEN C	3	3 1 2	2 0	
0 4 0 1	759 DEC		REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.								
		1. DE	CEASED NAME	FIRST		MIDDLE		LAST	20 DATE	KNOWN 🗆	MONTH DAY YEAR	Zb. HOUR	
	35 oc 45 10 m	(TYF	PE OR PRINT)	11 LH	JAM JARL TAYLOR SR DEATH MATED & 1						11 30 1986	11 H M	
	ARY, REASE LUBRECTOR YOUR FILES STON STREET	3. SEX	X 4. RAC	SE 5.	DATE OF BIRTH	YEAR LAST BIRTH	HDAY) MONTH	DER 1 YR. IF UNDER		E NCED	MONTH DAY YEA	R 2d. HOUR	
		Ja. B	RTHPLACE (STATE OR	76	CITIZEN OF WH		10	77	9 BALTI	MORE CITY OR	COUNTY OF DEATH	17 July M	
	ANY DELAY IS NECES AND 3 TO THE FUNER. RETAIN PAGE 5. FOR WOULD BE FILED. WITH RECORDS, 201 W. PRE		aryland		USA WIDOWED DIVORCED					TALBOT			
-		CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120, USUAL OCCUPATION (TYPE								
6					(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Memorial Hospital OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)			FOR MOST OF WORKING LIFE) Farmer			Farm	TRY	
10								1		21636			
2120		13a. S	TATEMA	136 CUATA	ROLINE	GOLDS!	13d INSIDE (ITY LIMITS? YES NO D P.O. Box 114, State Rte 313						
QW.	H NO	P	ATHER'S NAME	,	AIDDLE	LAST		15. MOTHER'S MAIDE	NAME	MIDDLE	LAST		
14	38 30 5C	V	Elijah			Taylor		Louis			Kemp		
BALTIMORE	STAN STAN		WAS DECEASED EVER	IN U.S. ARMEI		166 SOCIAL SECUR	ITY NO.	17 INFORMANT		ADDRESS			
ALT	THOUSE AND THOUSE AND THOUSE CONTROL OF THE CONTROL OF T	V	es	WW I		222-05-50)65	Theresa	Taylor	Gold	Isboro, MD		
			18 CAUSE OF DEA	TH (Enter anly c	ne cause per line	far (a), (b), and (c).)					APPROXIM:	ATE INTERVAL	
201 W. PRESTON ST.,			PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COROHARY OCCLUSION										
STO	1		(DUE TO, OR AS A CONSEQUENCE OF										
200	SEA MAN		Canditians, if gave rise ta		1 (b) A	SCVD					lea.	rs	
3	NAME OF STREET		cause (a) stating the <u>under-lying</u> cause last. DUE TO, OR AS A CONSEQUENCE OF										
20	SHOUD BE EXECUTE OND "FENDING" IN CHIEF MEDICAL EX EUSED AS BURRAL TOF PERLIFF AND WILLY CREWATION		lying cause last		(c)_								
DIVISION OF VITAL RECORDS.		2	PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING 1D DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10										
SEC		CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTOPS	140	
¥		2	THE DATE OF OPER	ATION	198. CONDIT	17. CONDITION OR WHICH OF EXAMEN WAS PENI ORNED!							
17	WORD WORD WE CHIE ENT OF	1 5	21a. EXTERNAL CAU	ISEWAS	21b. TIME OF	INTERPO	Ta1- 14	OW IN HURY OCCUPAN			YES _	NO 🗌	
0	¥#F∃ ₹ F		UNDERLYING -	OR	HOUR A.M.	MONTH DAY YE	AR ZICHC	OW INJURY OCCURRE	D (ENTER NATURE OF II	NJURY IN ITEM 18 PAR	IT I OR PART 2)		
Ö	ART TO THE STATE OF THE STATE O	MEDICAL	CONTRIBUTING 21d. INJURY OCCUR			FINJURY (AT HOME.	211.10	CATION					
<u>></u>	RETINATION REPED GE 3 SI	MEC	WHILE NOT AT WORK	WHILE		DRY, FARM, ETC.)		TREET	CITY OR TO	OWN	COUNTY	STATE	
	E, WRI RWARD RWARD PAGE STATE 7, 21201		AT WORK AT V	VORK									
	ATE SOR		220. I certify that I taak charge of the remains described above, held on Autopsy . Inspection . Inquiry . and in my opinion										
	EXAMINER: ECETIFICATE VULD BE FOR L DIRECTOR: 4, WITH THE S		death resulted fram: Natural causes 🖾 , Accident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🔲 ,										
	CERT CERT JUD E DIRE		J. 19 M. 12 TITLE (SPECIFY)										
	CAL EXA THE CER SHOULD ERAL DIR SATH, WI		ACTUAL SIGNATURE	Xour	10.01	eay	M	D. DEP	MEDICAL EXA	MINER	DATE SIGNED 11-30	5-86	
	NER SET	12	EXAMINER'S NAME	1		11/2/1	/						
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOR TO FUNERAL DIRECT AFFER DEATH, WITH THE BALTIMORE, MARYLAI		(TYPE OR PRINT)	HUU	(15)	VYELIX		ADDRESS					
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23 a. B	URIAL, CREMATION,	REMOVAL 23b	DATE	23c. NAME OF C			23d LOCATION		COUNTY	STATE	
07/B4	BP	В	urial		12-2-86	Green	sboro	Cemetery	Gree	sboro	CA	MD	
25M	DHMH - 17	24 F	UNERAL DIRECTOR		ADDRESS				REC'D BY REGISTR	AR 256 REGIST	RAR'S SIGNATURE		
	(VR A15 ME (5))		John E. B	oulais	Gre	ensboro,	MD	PEGL	S. Maring	man more	101 and last language		

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STATE OF MARYLAND

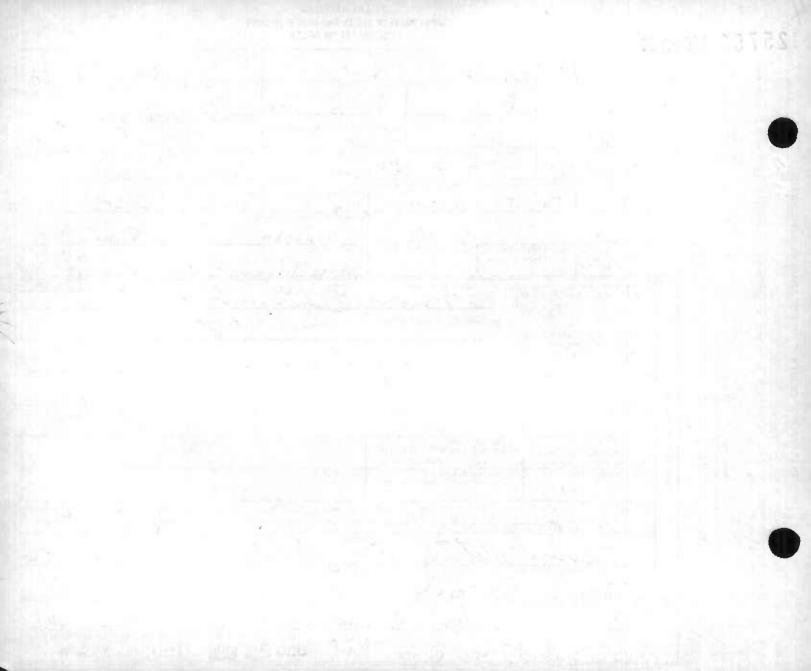
1	1 - STATE	DEPART		EALTH AND MENTAL HYGIE	ENE		
1	-2 OREGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).	
	1. DECEASED NAME FIRST ALVE	esta	TIL	ahman	20. DATE OF DEATH	mber 7, 1986	26 HOUR S
I	3. SEX 4. I	RACE	5. DATE O		AGE (IN YEARS LAST BIRT	MONTHS DAYS	IF UNDER 24 ARS
	Temple	13	3	15 1903	83	YRS.	
	70. BIRTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED	NEVER MARRIED	BALTIMORE CITY OF	COUNTY OF DEATH	
4	10. CITY OR TOWN OF DEATH	. NAME OF HOSPITAL NURSIN	WIDOWE		12a USUAL OCCUPATIO	TLOO!	MD. F BUSINESS OR
	EASTON	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS), A		(TYPE OF WORK FOR MOST OF		- BOSINESS OK
	130. STATE 130. STATE		/N	YES NO	STREET ADDRESS /	Over Sto	1601
4	14 FATHER'S NAME FIRST MID	DDLE C LAST		15 MOTHER'S MAIDEN NAMI	WIDDLE	O WAST	
4	160 WAS DECEASED EVER IN U.S. ARME	ED FORCES? 1166, SOCIAL SECU	ל אומייים	17. INFORMANT	ADDRE	19 BINGS	7
1	(YES, NO OR UNITAD WAS DECEASED EVEN IN U.S. ARME	/AR OR DATES	KIII NO.	Tames Tiles	4()	S Oden s	t My
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED & IMMEDIATE C	DUE TO, OR AS A CONSEQUE	rseve	Bentral	erebral	APPROXIM BETWEEN O	MATE INTERVAL INSET AND DEATH
	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT COM-	DUE TO, OR AS A CONSEQUE (c) NOTIONS CONTRIBUTING TO	Hy	netersian NOT RELATED TO THE TERMIN	NAL DISEASE OR COND	DITION GIVEN IN PART 110	
1	190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	
1	T.				YES NO	YES 🗌	NO 🗌
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	AY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	TIN ITEM 18 PART 1 OR PART 2)	
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	vn COUNTY	STATE
	27a certify that () (this haspital) saw the deceased alive on above, (1) (we) (did) (did not) v	11-6 198		d that in this (aur) apinion de	eoth occurred on the da	te and hour and from the c	
	22b. SIGNATURE	Politich	W		MEDICAL STAF		7-86
	22d. PHYSICIAN'S NAME AYPE OR PR	Dateich		27e. ADDRESS			
-	23a BURIAL, CREMATION, REMOVAL	23b. DATE / 23c. t	NAME OF CI	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
	13	11/11/86	Kich	narls Men K	Engla	U TAL	ma.
1	24 FUNERAL DIRECTOR		0	250. DATE	REC'D. BY REGISTRAR	15b. REGISTRAR'S SIGNATU	JRE

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DHMH - 16 60M 7/84 (VRA 15, 4)

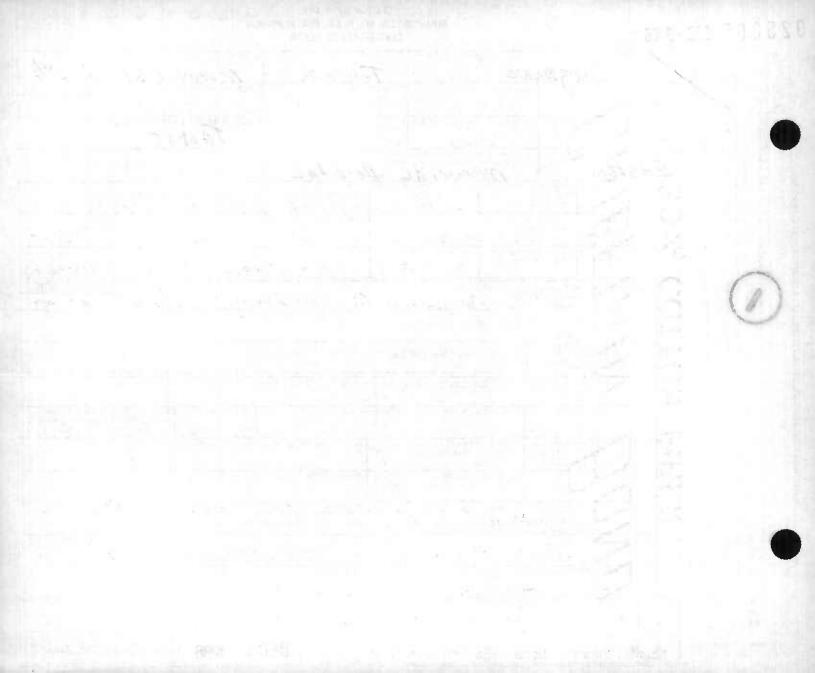
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STATE OF MARYLAND

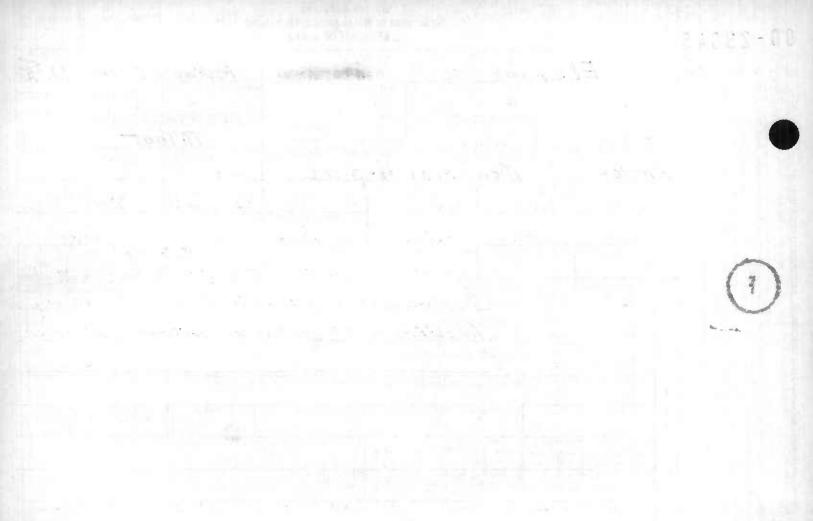
25805 DEC	3	FOR TATE EGISTRAR			DEPA		EALTH AND MENTAL H	HYGIENE	REG. NO		J !	<i>L V</i>
the page 3 gather death	3 58	CASED NAME SU Temale	3 ANI	<i>Ve</i> RACE White	N.	5. DATE C MONTH 12	F BIRTH DAY 15 YEAR 09 42			er 27	1986 UNDER I YEAR	2 /A M IF UNDER 24 HRS HOURS MIN.
the death, Pog within 72 hours	7a. B	RTHPLACE (STATE ON TO COMMITTED IN THE STATE ON TO A STATE OF TOWN OF DEAT		U.	WHAT COUNTI S.A. HOSPITAL, NUR HEACILITY, GIVE STI	RY? 8. MARRIEI WIDOWE	NEVER MARRIED	12a US	TIMORE CITY OR THE	o+		MD BUSINESS OR
YLAND 21201 Thin 24 hours of sely filled in by 12 chapild be filled be get filled on by 12 chapild be filled	13a S	AL RESIDENCE (IF NURSI) STATE laryland THERS NAME	Tal	bot	GIVE RESIDENCE BE 134. CITY OR TO Easto	OWN	13d. INSIDE CITY LIMITS: YES NO X	? 13e.STR	Housewife EET ADDRESS / 5 Box 9	ZIP CODE	1601	
MORE, MAR assecuted w ond comple ages 1 and	- (William WAS DECEASED EVER II YES, NO OR UNKNOWN)	S. N U.S. ARME (# YES, GIVE W	D. D FORCES?	Newnam,		Hazel 17 INFORMANT George C	Towor	B. ADDRES			orter MD
s, 201 W. PRESTON ST., BALL ares that the deat certifiers gred by the attending physics in please remove corbological burial, cremation, or sembrad ry, at other traumatic event, the		Canditions, if any, gave rise to imm cause (a), stating underlying cause	which ediate the last.	DUE TO, OI DUE TO, OI (c1	R AS A CONSE	QUENCE OF	ADENCARCIA			Uniques.	10	ATE INTERVAL ISET AND DEATH
At RECORD The law require, the law require to the law requirement. The series provided to the law region of the law reg	CERTIFICATION	He DATE OF OPERAT	ION	196. CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a YES	AUTOPSY?	206. IF YES, V IN CERTIFY IN YES	VERE FINDING NG CAUSES O	SS USED F DEATH?
NG PHYSICIAN: attending shysic the this certificate to this builds train th and Mental Hyg orked or hing 18 sh	MEDICAL CE	216. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICAL THE INJURY OCCURRE	AUSE OF DEATH	P./ 21e. PLACE (M, MONTH M. OF INJURY	19	21c. HOW INJURY OCC	CURRED (EN				
DIVISA O HOSPITAL OR ATTENDING PARAMETAL DIRECTOR. After the hought or extensive the hough of extensive or the work the State Dept of Health and MPORTANT, if them 21 is marked.		220. I certify that (h) (saw the decease obove, (l) (we) (di	this haspital dalive an addition of the dalive and discount of the dalive a	attended the siew the body	ofter death.	9 8ko . ar	Dutchman'	G MEDIN DIRECT	ICAL STAFF TOR PHYSICI	e and haur a		
BP	В	BURIAL, CREMATION, R	EMOVAL	236. DATE 11/29			n Memorial	Pk E	LOCATION CITY OR TOWN		albot	MĎ™
DHMH - 16 60M 7/B4 (VRA 15, 4)		ewnam Funer	ral Ho	me Ea	aston M	aryland	250. [EC 1	BY REGISTRAR 2		R'S SIGNATUI	



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6-6-31-12-10-26

(VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

I	3 ORBGISTRAR		CERTIFICA	ALE OF DEATH		REG. NO	0.		
ľ	I. DECEASED NAME FIRST	MIDDLE	LAST		2e DATE	OF DEATH	MONTH E	DAY YEAR	26 HOUR
1	(TYPE OR PRINT)	× 11)	11/0	hen	0	11-	- 24	1-06	1500
ŀ	3. SEX	L RACE	5. DATE OF B	IRTH .	6. AGE	(IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
١	Male	White	MONTH 2	25 VEAR 02	84		YRS.	MONTHS DATS	HOURS MIN.
ł	To. BIRTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTR	Y? 8.	NEVER MARRIED	9. BALTI	MORE CITY O	R COUNTY	OF DEATH	
I	Pennsylvania	U.S.	WIDOWED	DIVORCED	計 フ	alho	5+		MD
t		11. NAME OF HOSPITAL, NUR	SING HOME OR C			AL OCCUPATI		126. KIND C	OF BUSINESS OR
	Easton	Memoria Such Facility, GIVE STR	HOSE	rital	1	e. Pre		Bear	ing
ł	#SUAL RESIDENCE (IF NURSING HOME OR OF 130. STATE 136 COUNT			I INSIDE CITY LIMITS	S? 113e.STRE	ET ADDRESS	ZIP CODE		
I	Md. Talb	ot Easton	1 Y	ES NO		S. Ha:			1
J	14. FATHER'S NAME	NDDLE LAST	15	MOTHER'S MAIDEN	NAME	WIDDLE		LAS	11
1		. Weber		Lillian		B.	We	ar	31
1	160 WAS DECEASED EVER IN U.S. ARM		CURITY NO. 17	INFORMANT		ADDRE	SS		
١	(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 164-03	8-0021	Mrs. Marg	garet C	Webe	r - Sa	me ac	#13
ŀ				MIS. Mai	garee	. Webe.	1 00		MATE INTERVAL
ı	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y ane cause per line for talk (b),) BY:	and ici.	. 0/	al			BETWEEN	ONSET AND DEATH
1	IMMEDIATE	CAUSE (a)	maro/1	not for	succe				
ı		DUE TO, OR AS A CONST	THENCE OF						
ı	Canditians, if any, which	DOE TO, OR AS A COURSE	Ender 6	6					
1	gave rise to immediate	(b)	property.						
I	couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	QUENCE OF						
ł	onderlying coose lost	(c)							
ı	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING T	O DEATH BUT NO	T RELATED TO THE T	TERMINAL DISE	ASE OR CON	DITION GIVI	EN IN PART 1	0
J	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING								
1	3 190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION W	AS PERFORMED	20a A	UTOPSY?	206 IF YES	, WERE FINDI	NGS USED
I	<u>=</u>				YES] NO[]	YES		NO []
1	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21	r. HOW INJURY OCC	CURRED (ENTE	R NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2)	
ı		H	DAY YEAR						
ı	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19	LOCATION					
ı	9	(AT HOME STREET, FACTORY, OFFIC		STREET		CITY OR TO	WN	COUNTY	STATE
I	AT WORK NOT WHILE				21	/	- A	01	
ł	220.1 certify that (I) (this hospital	ol) ottended the deceased from	m	. 19	84 , to_	MI	14	19 00	that (It (we) last
1	saw the deceased alive an		00_, ond th	nat in (my) (aur) opin	nian death acci	urred on the di	ate and hour	and from the	causes stated
۱	abave, (1) (we) (did) (did nat)	view the body after death.	DEG	RFF		-		22c DATE	SIGNED
I	1111	Dogs		ATTENDIN	IGMEDIC	AL _ STAI	FF	11.	78.01
4	OFFE	en /		PHYSICIAI	N DIRECT	OR PHYSIC	IAN 🗌	11	10.00
1	22d. PHYSICIAN'S NAME (TYPE OR	4-1	/	e. ADDRESS	1.1	. 1	11		
1	MI	/ Crow	in		East	m, IV	11)		
1	230 BURIAL, CREMATION, REMOVAL	23b DATE 23	C NAME OF CEME	TERY OR CREMATO	ORY 234. LC	OCATION			
	(SPECIFY) Removal	11-25-86	/			CITY OR TOWN	22. 3	COUNTY	A The State of the
ł	24 FUNERAL DIRECTOR	111 77 00		75a	DATE PECID E	Y RESIDERAR	75h REGISTI	RAR'S SIGNAT	TURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

ealth and Mental Hygiene prior to burial, cr

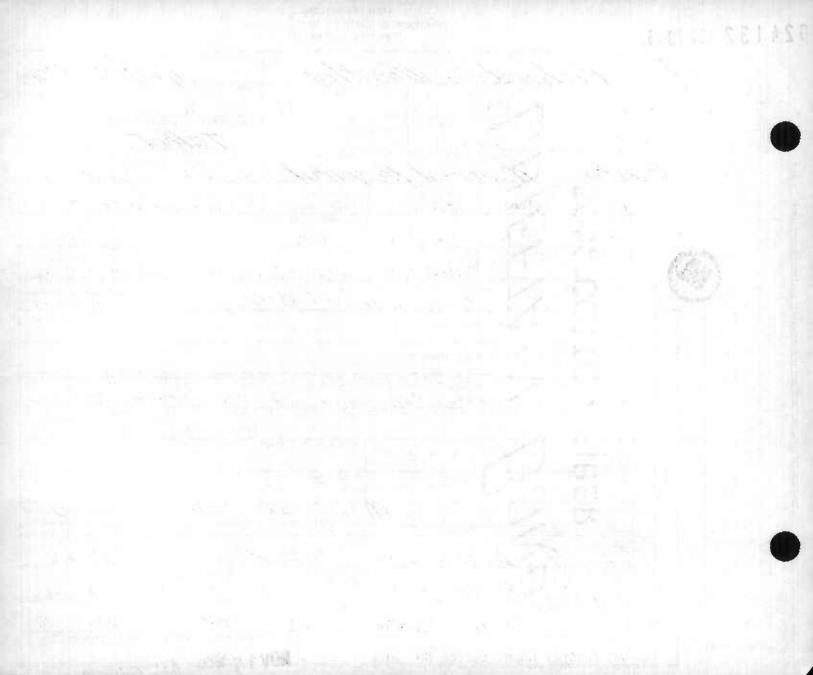
Anatomy Board

ADDRESS Balto., Md.

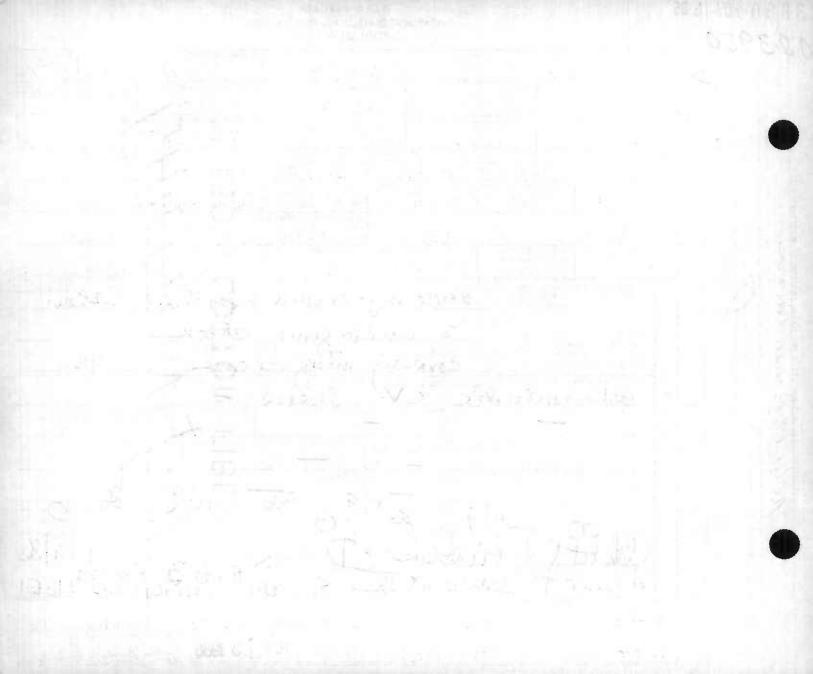
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0.0 % -	1.	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE G C REG. NO.	3314/
UZ5734 DEC	Log	CRASED NAME FIRST	MIDDLE	West	NOW IS	1986 904/4M
Page 4 may be director, page hours after deat	3. SE	X 4. I	RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Page hours	70 B	Male IRTHPLACE (STATE OR FOREIGN 76.	Black CITIZEN OF WHAT COUNTRY?	8 6 20 8. MARRIED A NEVER MARRIED	9 BALTIMORE CITY OR COU	RS INTY OF DEATH
death.	10.0	Washington D.C.	USA	MARRIED NEVER MARRIED	Talbo-	MD. 126. KIND OF BUSINESS OR
s offer by the filed with	E	aston /	Memoria GU	Hospital	(TYPE OF WORK FOR MOST OF WORK)	NG LIFE) INDUSTRY POSTAL CLK
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MORE, MA		Fursley NAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (1F YES, GIVE W		Marth RITY NO. 17 INFORMANT	ADDRESS	easley
SALTIM sicion o pers. Po od.		18. CAUSE OF DEATH (Enter only o	W11 578-16-70		st Add. Same a	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
certificate Transicione Transi	N	PART I. DEATH WAS CAUSED E	Y: / / /		EL	22 MD
the death colons		Conditions, if any, which gove rise to immediate cause (a), stotling the underlying cause lost	(b) DUE TO, OR AS A CONSEQUE			
RDS, 201 W equires that n signed by Then please ta burial, a	N C	PART 2. OTHER SIGNIFICANT COM	(c) NDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	I GIVEN IN PART TO
te law re no. has been permit. I	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH (OPERATION WAS PERFORMED	200 AUTOPSY? 20b. I IN CI	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
O PHYSICIAN: The Intending physician. For this certificate has the burial-transit per and Mental Hygiene and Mental Hygiene ked or free 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216, TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	RRED (ENTER NATURE OF INJURY IN ITE)	
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3 0 0 E		22a.1 certify that (I) (this haspital) saw the deceased alive on above, (I) (we) (did) (did not) v	11-18 199	ond that in (my) (our) opinion	to 18 NOV	hour and from the causes stated
has has thed ept tem		22b. SIGNATURE Stylin	- P. Cency	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	120. DATE SIGNED
TO HOSPITAL O		22d. PHYSICIAN'S NAME (TYPE OR PR	INT)	22e ADDRESS		
BP		(SPECIFY)		AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 60M 7/84	24 F	Burial I	Nov. 22, 1986 ADDRESS	Mt. Pleasant	TE REC'D BY REGISTRARIZSHARE	GISTRAR'S SIGNATURE
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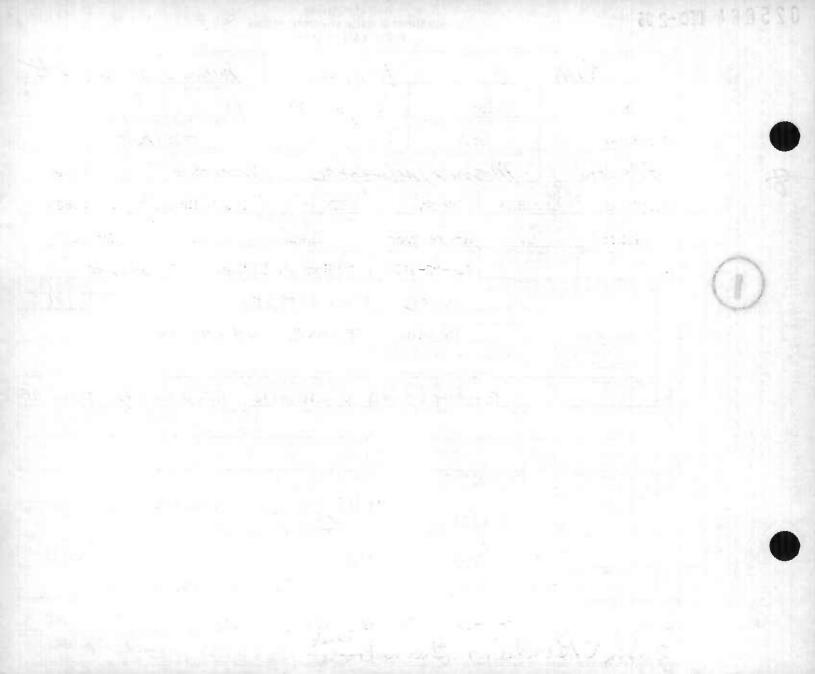
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AND 212	2	Maryland 13b.	OME OR OTHER INSTITUTION COUNTY Talbot	GIVE RESIDENCE BEFORE A 134. CITY OR TOWN Easton	13d	. INSIDE CITY LIMITS	706 Go	oress / zip code ldsborouc		21601
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TO HOSPITAL O retained by the TO FUNERAL DI should be detail with the State Di MPORTANT; If I	7 730	27d PHYSICIAN 9 NAME LUJUIS J. BURIAL, CREMATION, REM	Eglstde	RIII MI	0	PHYSICIA Pe ADDRESS PT 3 Box ETERY OR CREMATO	106 DUT	physician hami	nd 2	1601
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de de de	3. SE	х	4. RACE		5. DATE OF	BIRTH	6 AGE (IN YEARS LAST BE		FUNDER I YEAR	IF UNDER 24 HRS
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EAL DIE		22d. PHYSICIAN'S NAME CLYPE	M. Prac	n.	~	GREE ATTENDING PHYSICIAN [MEDICAL STA	FF CIAN []	22¢ DATE 11/	18/86
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BP	²³ B	BURIAL, CREMATION, REMOVA ULIAL	236 DATE 11/20/8			oro Cemete	23d LOCATION Try Greens	boro	Carol	ine STATE ME
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	MOURIE CUI	VISRAL 14	Orlik	DEN	TON 140 101	E REC'D. BY REGISTRAL 2 4 1986	256 REGISTR	AR'S SIGNAT	URE

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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	FOR STATE REGISTRAR			DEPARTA		ICATE OF DE			REG. NO.		3 7
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offer	3. SE		4.	RACE		5 DATE C	DAY	YEAR	6. AGE (IN YEAR	5 LAST BIRTHDAY)	MONTHS DAYS	
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ğ -		aryland THER'S NAME	VCaro	line	Goldsbo	oro	YES The N	AAIDEN NA		Rte. 313	3	21636
1/1/20	1	James	MI	DDLE	Ross		Kat	ST		AIDDLE	Irelan	d d
2 4		VAS DECEASED EVER	IN U.S. ARM		166 SOCIAL SECU	IRITY NO.	17. INFORMAN			ADDRESS		-
Pog H	n		(IF YES, GIVE Y	VAR OR DATES	217-28-	4600	Ruth	Anna	Bolt	Seaford	. DE	
The please remove control of the presence of the puriol, cremation, jury expether, troumer	NO	Conditions, if any, gave rise to immediate (a), statistic underlying cause	nediate g the last.	(b)	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO E	Ath ENCE OF		O THE TERM	HEQ.	C+ Do	RUS P	Leave
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ter this ce is the burn h and Men rked or He	MEDICAL	ZIE EITHER NOTIFY MEDI ZIE INJURY OCCURI WHILE NOT WE AT WORK AT WO	RED	P./ 21e. PLACE ([AT HOME, STR		ARM, ETC)	211 LOCATION	i	C	TITY OR TOWN	COUNTY	STATE
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ERAL DIRECTOR OF detached State Dept.		22b. SIGNATURE	50	Red	s My		PH	TENDING IYSICIAN 4	MEDICAL DIRECTOR	STAFF PHYSICIAN	22c DAT	E SIGNED
should be det with the State MPORTANT:		22d PHYSICIAN'S (N)	EGG.	RHOD	ES M	D	503 D	utch.	man's	Lane,	Easter	, Md
- v > 5	23a E	URIAL, CREMATION, SPECIFY) Urial	REMOVAL	23b. DATE			EMETERY OR CR		23d. LOCATN	TOWN	COUNTY	STATE
				11-25-	·86 C	reens	boro Ce			ensboro	CA	MI
16 60M 7/84	or	INERAL DIRECTOR	in le	and !	ADDRESS.	aV'	no	250 DAT	1 1986	ISTRAR 25b. REGI	ISTRAR'S SIGNA	JURE

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

19	STATE GGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
	CEASED NAME FIRST MINI	VIE	E. V	JRI	GHT .	20 DATE OF DEATH	MONTH	7-86	10 30PM
3.58	Female	4 RACE		5. DATE OF MONTH		6 AGE LIN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
Hu	country) CTOCK, Md.	U.S		WIDOWE		9 BALTIMORE CITY	DR COUNT	TY OF DEATH	MD
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Ma			Hurlock		13& INSIDE CITY LIMITS?	Rt. 2, E			2164
D	James Strawb	erry	£AST	30	is mother's maiden na Sarah	Hardcast		LA	st
	WAS DECEASED EVER IN U.S. AF (YES NO OR UNKNOWN) (IF YES, GI	MED FORCES? VE WAR OR DATES)	216-18-		Ella M. Ho	olland, Rt	H		DA, Md.
	18. CAUSE OF DEATH Enter of PART I. DEATH WAS CAUST IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	Ine for all, (b), and are as a CONSEQUENT OF AS A CONSEQUENT	nu	morea or	rest		APPRO: BETWEEN	KIMATÉ INTÉRVAL ONSET AND DÉATH
NON	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ontributing to de	<u>ATH</u> BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	IDITION G	EIVEN IN PART 1	la
CERTIFICATION	THE DATE OF OPERATION	19b. COND	ITION FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERT	ES, WERE FINDI TIFYING CAUSES YES []	
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1 18 7	72a I certify that (I) (this hasp aw the deceased alive or above. (I) (we) (did) (did no	n at) view the bady	19	1	nd that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN	death accurred an the control of the	AFF	aur and from the	that (II (we) last e causes stated E SIGNED
	2M PHYSICIAN'S MAME (1996 GOOD)	eB.C	andrage		322 Comm	rence Dr.	Eus	bn, no	221601
230	BURIAL, CREMATION, REMOVAL	36 DATE	191 July 1		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	-1- *	COUNTY	STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

M. EUNERAL DIRECTOR

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NON	00840 T	16a. V	VAS DECEASED EVER IN U	.S. ARMED FO	ORCES?	16b. SOCIAL SECURI	TY NO. 17	INFORMANT		ADDRESS	Onaroni	
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ti.	NAT W		18 CAUSE OF DEATH (En	AUSED BY	cause per line fo	ir (a), (b), and (c).)	40	- 1	+		APPROXIM BETWEEN OF	NATE INTERVAL
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ă	SERRES	2	WHILE NOT WHILE AT WORK	re 🗌	STREET, PACTOR	T, PARM, ETC.)	SIRE	E1	CITY OR TO	NN N	COUNTY	STATE
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	PAGE PAGE	23a. B	JRIAL, CREMATION, REMO	VAL 236. DA	TE	23¢ NAME OF CE			23d. LOCATION			
07/84	BP.	(3	emation	12/1		Salisbu	¥		Salisbur			STATE ID
25M			INERAL DIRECTOR	1/ 1		, 00,71300	, J 01 CI	25a. DATE	REC'D. BY REGISTRA	R 256 REGISTRAF		10
	DHMH - 17 (VR A15 ME (5))	Ne	wnam Funeral	Home	Easto	n, Marylai	nd	DE	03 1986	Adia Den	iden . Randa	Ma-



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hin 24 Kould be should be	See See	13a. S	L RESIDENCE (# NURS TATE Laryland THER'S NAME	13b COUNT	Y	13c CITY OF	E BEFORE ADMISSION R TOWN I Sboro	YES [CITY LIMITS?		Rte.	CODE 480		21639
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NOW N	12	- 0	(AS DECEASED EVER ES, NO OR UNKNOWN) 10		NED FORCES? WAR OR DATES)		22-7154	Mar	y L. M	onroe		r, DE		
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TO HOSPITAL OR retoined by the h. TO FUNERAL DIRIS should be detected with the Stote Dep	DRTANT: If he		Robert 22d. PHYSICIAN'S N.			٠٠, ,	M. D.	22e. ADDRE	SS	MEDICAL DIRECTOR				7-86 U.21601
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